Author's response to reviews

Title: Diffusion of an e-learning programme among Danish General Practitioners: A nation-wide prospective survey

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Version: 2 Date: 7 December 2007

Author's response to reviews: see over
Referee 1:

**Reviewer's report**

**Title:** Diffusion of an E-learning programme among Danish General Practitioners: A national-wide prospective survey

**Version:** 1  **Date:** 25 October 2007

**Reviewer:** Vernon Curran

**Reviewer's report:**

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**General**

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

Recommend referencing the rationale for the study around some theoretical concepts such as diffusion of innovation and CME.

*We have introduced Diffusion of Innovations in the introduction. The CME aspect is already mentioned in the introduction.*

Recommend that grammar and typos in the paper are corrected.

*We have done this.*

Recommend a well formulated discussion of the implications of the study findings for promoting or enhancing uptake and use of e-CME. What was learned from this study which could be used to improve the promotion or uptake of e-CME?

*We incorporated this in our conclusion.*

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

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Discretionary Revisions (which the author can choose to ignore)
Referee 2:

Reviewer's report

Title: Diffusion of an E-learning programme among Danish General Practitioners: A national-wide prospective survey

Version: 1 Date: 5 November 2007

Reviewer: Shaun Treweek

Reviewer's report:

General

As the authors state, the internet offers the possibility of using web-based systems to deliver CME and other training. The key word, of course, is ‘possibility’ and it is good to see that the authors are studying the actual uptake of their CME program. I don’t really have any major concerns about the paper, and those I have ought not to be hard to deal with. My specific comments are listed below under the headings used by Biomed Central.

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

Abstract

1. Page 4, Conclusion. Users can rate themselves as having a high diagnostic standard without actually being very good - this is self-report. I don’t think your conclusion can be as strong as saying ‘indicating a lack of users with a need for..’. There may be a very large need but self-report may not identify it. The authors should modify the abstract and expand the Discussion on Page 9 to address this point. Could the CME program have presented GPs with a diagnostic scenario so that their abilities could be tested rather than relying on self-report? If no, why not?

We have modified the abstract and expanded the Discussion as suggested. The producers did not incorporate an evaluation section in the e-learning programme. We have added a sentence about the limitations of self-reports in the Discussion.

Methods

1. I did find it a bit odd that there is no description of what the actual CME program is, or requires of the GPs, beyond saying that it comprises slides with audio and some self-study elements. I think that the authors need to describe their CME program in more detail.

On page 6 we have described the CME program in more detail. The ELP followed the recommendation of the Guideline and consisted of five sections: Suspicion of dementia, identification, diagnostics, evaluation and follow up. The ELP was based on interactive parts: using slides with speak, video-cases and self-study parts. The estimated time to complete the ELP was 90 minutes and the producers did not incorporate an evaluation of performance.

2. Page 6. The dissemination methods for the ELP were fairly passive (eg. mentioning the ELP in a separate section of the dementia guideline, mentioning it on the DMA website). Why were (only) these methods chosen? One could speculate that this was an important reason why so few GPs logged on - they simply didn’t know about ELP. The authors should add a few sentences to their Methods justifying their choices and then discuss the weaknesses (or strengths) of the approach in the Discussion.
The dissemination was entirely decided by the Danish College of General Practice in collaboration the producers of the programme. Thus, this effectiveness evaluation did not have any influence on the dissemination. The passive methods used to promote the CME programme may very well explain the low uptake. The strength of this study is that the evaluation was actually performed and the lesson learnt was that a more active dissemination strategy should be applied when promoting other electronic CME activities. We added a sentence in the Discussion.

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

Title
1. ‘national-wide’ should be one of ‘national’ or ‘nationwide’. Once the authors have decided which to use, they should correct the whole paper because ‘national-wide- pops up a few times.
   We now use the term nation-wide in the paper

Abstract
1. Page 3: I think the opening sentence should be reworded slightly to ‘We were unable to identify..’ The same sentence appears on Page 5, Introduction.
   We have modified the sentence according to suggestion

   5.2% changed to 5.3%

2. Page 3, Results. The 192 GPs are given as 5.3% here but appear as 5.2% on Page 8.

3. Page 3, Results. I wasn’t sure what was meant by ‘common interest’. Would ‘general interest be better’?
   We changed common interest to general interest

Methods
   Corrected

2. Page 7. Did the pop-up questionnaire 2 appear at every log-on? Do the authors think that this might get a bit irritating for GPs?
   Yes, perhaps.

3. Page 7. I think the order of the Tables needs to be changed to the order in which they are mentioned. The current Tables 2 and 3 should be Tables 1 and 2. The current Table 1 isn’t mentioned until Page 8.
   We changed the presentation of Table 1 from page 8 to page 6.

4. Page 7. ‘ASCHII’ should be ‘ASCII’, or better ‘as plain text’.
   Changed to plain text.

Results
1. Page 9. With regard to subsequent log-ins, would the authors expect a GP to log-on again after completing the ELP? And how much time passed between log-ins (days, weeks, months?)
   We looked at the total time and subsequent login(s) at the ELP. The GPs were not forced to complete the ELP once they started. Most re-logins occurred within days. This result is now presented in the Result section.

Discussion
1. Page 9. Was the ELP designed to help a GP deal with a specific problem? The
authors say that GPs did not have specific problems but it isn’t clear that the ELP could actually help in this regard.

2. Page 10. Was only one email sent to DSAM members?

Yes

Figure 1
This figure is not mentioned in the text; it either should be, or it should be dropped.

We removed the figure from the article.

Tables
1. Table 1. The caption for this table should be ‘Characteristics of Danish GPs’
Only 192 GPs actually participated so the current caption is misleading.

Changed according to suggestion.

2. Table 4. N=3632, not 2632. And why was the age cut-off 55 as opposed to, say, 50, or 60?

The figure is corrected. The cut-off scores was a pragmatic solution in the analysis.

The average age is presented in Table I.

General
The quality of the English is very good but it would be good to go through the article again with a careful eye; there are a few typos here and there.

The article has been evaluated by a translator.