Reviewer's report

Title: Online Training in Two Community Health Centers to Address Tobacco Smoke Exposure of Children

Version: 2 Date: 28 January 2013

Reviewer: Aaron Chidekel

Reviewer's report:

An exceptionally well qualified group of authors have presented an interventional study evaluating the efficacy of “online training” in community health centers to both assess and address tobacco smoke exposure in children. The authors have chosen important, but challenging practice settings for their study and the topic remains timely and important. Despite the unique qualifications of the investigators and relevance of the clinical and societal problem, as the study is currently presented, this reviewer will require further clarification before being able to approve the study for publication. This is mainly due to the additional burden on the investigative team of presenting the design and results of such an interventional study despite its challenges and importance. The “concerns” of this reviewer are given in a supportive vein and should be amenable to clarification by the investigators so that this paper will be of enhanced value to the reader and the scientific community. Specific comments are outlined below:

INTRODUCTION:

The introduction of any paper such as this will be somewhat “standard” as the rationale for work in the area of tobacco control has remained consistent for some time. The following changes are mostly stylistic and are suggested to better ground the reader in the background data and the latest information about this topic:

In paragraph 1, it is suggested that the authors provide a temporal context for some of the references, some of which are nearly a decade old. This could be used to demonstrate the persistence of the tobacco problem in childhood, but this reviewer feels that it would be more accurate to provide more information about when the data alluded to were collected and if there has been any progress or evolution of these data over time.

Similarly, in paragraph 2, the authors refer to one of their groups’ papers from 2003, reference 9, to present data about current and state of the art approaches. The authors should clarify this temporal context as well for obvious reasons: 2003 is not current and what was state of the art a decade ago is no longer so today.

In both the introduction and methods sections, the lines between the current intervention and the more comprehensive CEASE intervention are at times blurred and it is hard for the reviewer to discern the relationship between the current intervention and the CEASE project. For example, is the on-line training...
in the current work a component of the CEASE system? If it is, this should be explicitly stated or the differences between the current and prior modules better defined. The authors state that one of the goals of the study was to develop and test an innovative on-line training for clinicians but it almost sounds like they deployed a previously developed tool in a novel fashion.

While the statement of hypothesis is clear, did the authors' hypothesize about who would be asking, or just about asking (see below)?

As a minor point, this reviewer is unclear what the authors mean by tobacco control “service delivery.”

METHODS:

The Methods section requires significant clarification in a number of ways. The are “major compulsory” issues that this reviewer feels require clarification.

Is this study the PediaLink CEASE Study? If it is then this should be introduced and discussed further, if it is not, then why is it mentioned since it is not brought up again in the paper.

Is there more information about how and when in relationship o the study data collection visits that the offices completed the training? The authors simply state that a team leader was required to complete the course. Do they simply mean the on-line module? Was there more to it than this? Did any other members of the office teams complete the course?

The dates of the study are unclear. The timeline in the text does not match with the timeline on figure 1, which does not match with the dates stated in the text. This is very confusing to this reviewer. If there was an “intervention period” that explains these discrepancies, then this should be better characterized.

The authors then reintroduce the CEASE intervention, which results in further confusion for this reviewer. The authors stated aim was to assess an on-line intervention but in the methods they then describe the use of telephone training and material support for practice change. Isn’t this the CEASE intervention that the authors also state is resource intensive? What exactly was done to intervene in the practices is very unclear to this reviewer.

Inconsistencies in the data collection methods also require clarification. “Anyone” could ask, “healthcare providers” could advise and the primary outcome of the study was rates of “clinicians” asking and advising. The main concern of the reviewer is the use of the word “anyone” without further clarification that anyone in these practices is a “clinician” or a “healthcare provider.” Furthermore, the intervention specifically targeted physicians and there is no information in the paper about whether the physicians disseminated the training to “anyone” else or to other “healthcare providers” including other physicians in the study sites.

Did the practices know when the study team was present? This is a potential source of bias and should be discussed.

Are the total numbers of office visits during the weeks of data collection known? Similarly, what proportion of office visits were captured? Based on the authors’ inclusion criteria, it seems like fewer than half of the total visits to each practice
may have been captured and this may be an important point. For example 65 visits X 5 days is 330 visits per week. 470 visits collected divided by 3 weeks of data collection is only 157 visit per week. This is also a potential source of bias. The authors at least should disclose these potential limitations to the reader. The spirit of these comments is several fold: Firstly, since this is an interventional rather than a descriptive study, methodological clarity is important. Secondly, after reading the methods section, this reviewer has no idea how to implement this intervention. If the authors want their intervention generalized into practice further clarity is indicated. Finally, the authors claim to show a significant effect of what is described as a one-hour on-line intervention and the reader is not clearly shown how this was implemented or who even completed the intervention in the practices.

RESULTS:
“Major compulsory:”

The authors should explicitly state what values are being combined in table 3 and check the accuracy of the numbers. Similarly, they should also clearly define how many questionnaires were answered at each site, at each time point.

DISCUSSION:
“Major compulsory:”

In the discussion the authors use the phrase “completely distance based tobacco control education intervention” and “the implementation of CEASE” resulting in further confusion for this reviewer: The stated aim was to evaluate “online training for clinicians” while the methods describes online education, telephone training and materials to support practice change. It is very unclear what the intervention was, how it was developed, how it differs from the CEASE program and who in the practices participated in the training.

LIMITATIONS:
“Major compulsory:”

A number of the methodological limitations should be included in this section.

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:

No competing interests