Author's response to reviews

Title: The evaluation of a Taiwanese training program in smoking cessation and the trainees’ adherence to a practice guideline

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Version: 3 Date: 20 November 2009

Author’s response to reviews: see over
Dear editor and reviewers:

Enclosed is one copy of our manuscript, entitled: “The evaluation of a Taiwanese training program in smoking cessation and the trainees’ adherence to a practice guideline” an original article to be considered for publication in BMC Public Health. The followings are our response to editor’s and reviewers’ questions.

Associate Editor comments:

The paper has improved and may be acceptable for publication in BMC-Public Health if certain necessary changes are made:

1) Tables 1 and 4 are of limited interest to the international reader and should be omitted from the paper. Table 4 may be summarized in one sentence integrated into the results e.g.: No demographic differences were found between responders and non-responders in the long term evaluation. The small but statistically significant difference for specialty is difficult to interpret. One option would be to omit that finding. However, if you decide that this should be reported, the sentence replacing table 4 may e.g. be as follows: “No demographic differences were found between responders and non-responders in the long term evaluation with the exception that GPs and Psychiatrists were somewhat more likely to be non-responders as compared with other specialities included in the study”.

ANS: We appreciate your suggestion and omitted these two tables. We also change the paragraph in results as you suggested.

2) Table 2 may be shortened and needs only to include the last three columns “confident”, “very confident”, “Total” and “average score”.

ANS: We appreciate your suggestion and change the table format.

3) Table 5 may be shortened and needs only to include the last three columns “confident”, “very confident”, “Total” and “average score”.

ANS: We appreciate your suggestion and change the table format.
4) The second half of Table 5 is best suited as a separate table.

ANS: We appreciate your suggestion and change the table format.

5) The most interesting finding in the study is the reduced level of confidence over time. This needs to be highlighted in the Results (and in the Discussion adding the reference supplied by the editor see point 13 below). Suggestion for the Results: “An interesting finding is the reduced confidence over time. The mean confidence score was above four on the five grade scale in the initial post training assessment for all variables (Table 2). However, in the long-term evaluation no mean confidence score reached four (table 2).

ANS: We appreciate your suggestion and add this paragraph in the results. Please see answer in “11)”

6) Round all percentages in the paper and tables e.g. 73.6% = 74% etc.

ANS: We carefully check all percentages in the paper and tables and round them as you requested.

7) The detailed descriptions in the Results on trainees satisfaction with different components of the program and teaching skills of the trainers may be shortened. Below is a suggestion from the Editor on how the Result paragraphs starting with “Most trainees were satisfied” may be streamlined into two sentences: “Approximately eight out of ten trainees were satisfied or very satisfied with the program. All topics of the program received average scores of more than four out of five points in the evaluating items.”

ANS: We change this sentence as you suggested.

8) All % in the next paragraph should be rounded as requested above “6)”

ANS: We round all percentages in this paper and tables as you suggested.

9) The next sentence starting with: “Confidence in providing” should be omitted.

ANS: We delete this sentence as you suggested.
10) The next sentence starting with: “Most trainees” is a key finding and can be extended: “Most trainees were confident or very confident in all evaluating items assessing confidence regarding smoking cessation work directly after the training program. The average score being just over four out of five on all items (Table 2)”.

ANS: We add the following sentence as you suggested.
“Most trainees were confident or very confident in all evaluating items assessing confidence regarding smoking cessation work directly after the training program. The average score was just over four out of five on all items (Table 1).”

11) A sentence may be added between the sentences ending with ”and “the strategy of tobacco control.” AND the sentence starting with : The percentages of respondents”. Suggestion for additional sentence: The mean confidence scores ranged from 3.90 for advising the smokers to quit to 3.02 for assisting smokers to quit.

ANS: We add the following paragraph here, which was also suggested by you.
“An interesting finding was the reduced confidence over time. The mean confidence score was above four on the five grade scale in the initial post training assessment for all variables (Table 1). However, in the long-term evaluation no mean confidence score reached four (Table 3).”

We add “The mean scores ranged from 3.90 for advising the smokers to quit to 3.02 for assisting smokers to quit.” after the sentence starting with “The percentages of respondents practicing the 5As guideline”. We hope you accept this change.

12) In the Discussions, the word “naive” (physicians were naive) may be replaced with the words; “had little if any previous knowledge on”

ANS: We change the sentence into “Most of the Taiwanese physicians had little if any previous knowledge on smoking cessation information and skills.”

13) The sentence in the Discussions starting with ?. It was also possible due to the trainees under-estimation ?. may be changed and extended. Below is a suggestion: It is possible that the trainees? under estimated the complexity of smoking cessation service at the time of the short term evaluation. This may have contributed to the decline in confidence at follow-up. This may indicate an initial underestimation of the relative complexity of behavior change support. Similar results have been reported

ANS: We very appreciate your excellent suggestion to this point. We add this paragraph and reference as you suggested.

14) The Conclusions need to be adjusted to the finding that confidence diminished over time.

ANS: We change the conclusion as the following:
The long term evaluation showed that the trainees were more adherent to the 5As guideline than physicians without training in other countries. The decline of confidence in providing smoking cessation services during long term evaluation is possible due to the trainees’ underestimation of the complexity of behavior change support after the training course.
Editorial comments:

- We recommend that you copyedit the paper to improve the style of written English. If this is not possible, you may need to use a professional copyediting service. Examples are those provided by the Manuscript Presentation Service (www.biomedes.co.uk), International Science Editing (http://www.internationalscienceediting.com/) and English Manager Science Editing (http://www.sciencemanager.com/). BioMed Central has no first-hand experience of these companies and can take no responsibility for the quality of their service.

ANS: I am sorry that my English is not good enough to meet your standard. The original manuscript (1st version) has been reviewed and modified by a professional editor who is a member of American Medical Writers Association working for MedCom Asia, Inc.. The service you mentioned is not familiar to people in Taiwan.

- Informed consent must also be documented. Manuscripts may be rejected if the editorial office considers that the research has not been carried out within an ethical framework, e.g. if the severity of the experimental procedure is not justified by the value of the knowledge gained.

ANS: For the concern of research ethics, this study was reviewed and proved by the institutional review board of National Taiwan University Hospital.
Reviewer's report
Title: The evaluation of a nationwide training program in smoking cessation and the trainees’ adherence to a practice guideline
Version: 2 Date: 14 September 2009
Reviewer: Pinpin Zheng

Reviewer's report:
This manuscript evaluates a training program in smoking cessation as well as the confidence and adherence to the practice guideline. This version is better than the last one. However, there are still some points need to be addressed.

1. It mentioned that ‘for short term evaluation, all trainees in 2007 were recruited’ (line 9, page 3 and line 7, page 7), and ‘through December 2007, a total of 6009 physicians were certified.’ (line 5, page 6). However, there is also such a sentence that ‘there were 531 trainees certified by the training program in 2007 (line 8, page 9). There seemed some inconsistency within these figures. Please check them to explain.

ANS: Thank you for the comment. To avoid the misunderstanding, we change the term “through 2007” into “till 2007”, which means since 2002 till 2007, we trained 6009 physicians.

2. The content of table 3 is the repetition of Paragraph 3, page 10. I suggest that table 3 can be removed.

ANS: This table was added by your request on the first revision, you said:
“The comparison between pre and post scores should indicate the most powerful evidence in evaluation. However, the authors only use a limited space to present the result. I strongly recommend the authors give a table to present this comparison.”

We agreed with your suggestion and added this table in the first revision. We are confused if there is any reason to remove it now.

3. Line 5, page 13. ‘sex-hour’ should be ‘six hour’.

ANS: We appreciate your correction. We correct this mistake in the manuscript.

4. Paragraph 3 in the page 16. I think this paragraph should be abbreviated.
ANS: If you mean the paragraph “Long term evaluation results revealed that trainee confidence in providing services …….” This part is considered as an important finding by associated editor and he added more sentences in this paragraph. Since there are inconsistent suggestions between you and associated editor, we prefer to comply associate editor’s suggestion.

5. The title of this manuscript is ‘a nationwide training program’. In addition, in the first sentence in the discussion section, the authors mentioned that Taiwan is ‘the second country…..’. It is a political issue and might be very sensitive. I suggest that author pay attention to these words.

ANS: Thank you for the comment. In fact, we didn’t notice this is a political issue. For Taiwanese, we use the word “country” or “national” every day and every where, by everyone. It is something very natural and straightforward. Such as people do not consider breathing the air or sleeping in the bed to be a political issue. Since you point out this maybe a political issue, we change the title into “The evaluation of a Taiwanese training program in smoking cessation and the trainees’ adherence to a practice guideline”. We also remove “country” in the manuscript.

6. The title of table 6 is the predictors of the confidence scale and adherence scale. I suggest that the result of multiple regression models be presented here instead of one way Anova test. You can’t make a conclusion about the predictors by conducting one way Anova test.

ANS: For most of the studies, authors reported single variable analysis first, and then multiple variables analysis. The variables entering multiple regression model were also based on the single variable analysis. We believe it is important to report single variable analysis data therefore we keep table 6 (now is table 5). The multiple regression model was relatively simple in this study therefore we decide to describe it in the result section instead of making a new table. We shall appreciate if you kindly accept our decision.

7. The discussion part focuses on explaining the current result. However, as an evaluation study to the training, the authors should have some opinions for further practice. For example, how to prevent or decrease the decline of confidence to in providing services? Should we develop some curriculums on smoking cessation in the medical education? Answering these questions maybe
very helpful for our health practitioners.

ANS: To response to reviewer’s request, we add the following paragraph in the discussion section:

“We suggest smoking cessation training should be one part of undergraduate course in medical school. It costs a lot of resources to implement post-graduate training in large scale. There are some medical schools in Taiwan which teach smoking cessation knowledge and technique in undergraduate curriculum. We anticipate more medical schools implementing this policy in the future.”
Reviewer's report

Title: The evaluation of a nationwide training program in smoking cessation and the trainees' adherence to a practice guideline

Version: 2 Date: 26 August 2009

Reviewer: Marc Willemsen

Reviewer's report:
This revised manuscript has been improved considerably. Some points remain:

Major Compulsory revision:
I still believe that the authors should discuss the reach of the training (1 in 6 physicians received the training in a two year period). From the authors' reply I understand now that these were not only family physicians but also specialists, eye doctors etc, etc. So: were participation rates different for different types of doctors? These details should be provided.
Moreover: to what extent do these results meet previously stated (governmental) targets with respect to reach? What were the targets? In other words: are this disappointing results or are they as was expected?? Please add this to the discussion section.

ANS: In response to reviewer’s request, we add the following paragraph in the discussion section:
“Critics may argue that one in six is not a large portion of physicians in comparison with other popular training such as hypertension or diabetes. However, the rapid expansion of smoking cessation services already exceeded the expectation of Taiwanese government. The budget was not enough to cover reimbursement in 2008 and the government has raised cigarette tax since June, 2009.”

Minor essential revisions:

ANS: We appreciate the correction. We correct this mistake in the manuscript.

Discretionary revisions:
The title of Table 6 should reflect that this table presents mean scores + SD. Please include the exact wording of the items that were used to measure adherence.

ANS: We update this table as you suggested. The exact wordings of the items used to
measure adherence were 5As and were shown in table 4.