Reviewer's report

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

Version: 1 Date: 28 January 2009

Reviewer: Marc Willemsen

Reviewer's report:

This manuscript describes a pre-post study examining the effectiveness of a Taiwanese training program for physicians. The manuscript is generally well written.

Minor essential revisions
The manuscript might be further improved by paying attention to the following points.

1. A 6-hour training seems rather limited for the purpose of training physicians (who are inexperienced in the field of counseling people with a serious addiction such as smoking) in counseling skills. It might be enough for the ask, advice and assess elements, but probably not for assist and arrange. A discussion of the length of the training in light of what is required from the physicians would be in order in the discussion section.

p.12. One in 6 physicians in Taiwan received the training. Is this a good score for the reach of the training? How does this relate to other countries such as UK? To meet one in 6 seems rather low, given that to follow the training is mandatory if a physician wants to be reimbursed for smoking cessation. Why is this not higher?? Please discuss this issue.

p.6. 6,009 physicians were certified, while 3,887 actually provided smoking cessation services. So: only half of those who were certified (and followed the training??) actually applied the guidelines in their daily practices?? This contradiction needs to be explained.

p7. Why restrict the long-term evaluation to 2002 - 2006, while 2007 data were also available?

p7. The 'short-term evaluation' might probably be better named 'process evaluation', since this is what they did.

How long after the training was the 'short term' evaluation? Immediately following the session, part of the session, one week later??

p. 8. How exactly was the face validity of the measurement instrument done. 'Communication between members' is too vague.

p.9: what exactly was the null hypothesis?

p.11. I don't feel it is appropriate to do a Cronbach's alpha on the adherence scale. This seems more an index then a real scale where the individual items are
expected to measure the same underlying construct: each 'A' is a distinct element of the protocol. The higher the score, the more elements of the protocol one adheres to.

p. 13. Over-estimation of adherence levels (which indeed are rather high!): can this be explained by cultural factors? if so, please indicate!

p.1.6 low response rate was explained by 'Taiwanese culture', which was understandable'. Most readers will not understand this, because of unfamiliarity with the Taiwanese culture. Further explanation is warranted.

Table 4. From the table is seems that adherence to all of the 5 A's was scored by using the same set of answers (none of the patients - almost all patients). TThis seems appropriate for asking smoking status, but not for the other elements of the protocol, since this will only we done among smokers cq smokers who are motivated to quit. It might help if the exact wording of the 6 adherence questions would be provided in the text.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interest