Reviewer's report

Title: The training need of Emergency Service Personnel about Intimate Partner Violence

Version: 1 Date: 27 March 2007

Reviewer: Stacey B Plichta

Reviewer's report:

General
This is a strong and worthwhile paper which speaks to an important topic. While there is a body of literature regarding health care provider knowledge and attitudes towards IPV victims, the great majority of this literature is from the U.S., Canada and a few European countries. This paper is unique in that it seeks to ascertain the knowledge and attitudes of emergency department health care providers in Turkey.

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

BACKGROUND
1. The paper is in need of editing, as there are numerous grammar and sentence construction errors.
2. The second and third paragraphs in the Background section need some expansion as they are simply 'hanging sentences' right now.
3. The fourth paragraph is unclear.
4. The fifth paragraph is not quite true. There have been a number of good studies regarding health care providers' knowledge, attitudes and experiences around IPV. Some of these are presented in the discussion section. I have listed several of the key references at the bottom of this review, but there are more. The background section needs to acknowledge and review these papers. Of particular importance is Dr. Campbell's paper about testing an intervention in the Emergency Department.

METHODS
6. Please clarify how many nurses and how many physicians actually took part in the study.
7. Please discuss how your questionnaire compares to other established questionnaires like the one developed by Dr. Short et al and the one developed by Dr. Sugg et al.
8. In general, the results from the nurses and physicians should be presented separately. There are a number of studies showing that attitudes differ by professional training. Even a three-way comparison (nurses, female MD, male MD) would be useful, assuming that the nurses are almost all female.
9. On page 10, I am not sure what 'attitude desperation' is. Please clarify.

DISCUSSION
1. The discussion spends too much time re-presenting the results.
2. The most interesting findings are the simple percentages, so focus on those.
3. What do your results mean in terms of: hospital policy, training for health care providers, government policy, other support services (e.g. are there domestic violence shelters that hospitals can send women to in Turkey?), etc. What future research needs to be conducted?
4. Please re-organize the discussion and make it more concise. Some of what is requested in #3 above is already in the discussion, but it is buried and hard to find.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
1. There may be some confusion about labels. In the United States, Emergency Medicine Service (EMS) calls up an image of paramedics and ambulance workers. A brief paragraph at the start of the paper that explains what is meant by the Emergency Medicine Service would be useful.

References that might be useful


What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of importance in its field

Quality of written English: Not suitable for publication unless extensively edited

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 interests.