Reviewer’s report

Title: The ACA training programme to improve communication between general practitioners and their palliative care patients: development and applicibility

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Reviewer: David Wright

Reviewer’s report:

Thank you for the invitation to review this manuscript. This is an interesting paper that tackles the extremely important issues of communication with patients in palliative care and training of medical palliative caregivers.

As I understand it, this paper reports on a program evaluation of an educational intervention designed to improve communication skills of general practitioners and general practitioner trainees in their care of palliative care patients (presumably defined as patients nearing the end of life, though this is not explicitly clear in the manuscript).

I have three major concerns that need to be addressed before I can consider recommending this article for publication. First, the reported appreciation scores seem to me actually to be quite low. A mean score of 2.9 or 3.5 out of 5 (which probably means that several participants actually scored their satisfaction at the 1 and 2 level) does not seem to support the authors’ claim that appreciation scores were, overall, high. These low scores in and of themselves do not mean that the paper is not publishable, just the opposite. But I am looking for a critical discussion on the part of the authors that examines in sufficient depth what lessons can be learned from these scores, what factors likely contributed to these scores, and what might be done differently in future. On page 11, the authors report that at least a quarter of the GPs and a third of the GPTs considered the checklist to be a useful guide for communication with palliative patients. Put another way then, the majority did not feel that this is a useful tool. Again, a more critical reflective discussion is needed. I am not convinced that the assertion “we recommend to integrate the ACA training programme into current comprehensive palliative care training programmes” is supported by the data provided.

Second, the operationalization of the program could be more clearly reported. I recognize that the steps are described in table 2, however as a reader, it was still very difficult to understand and keep track of what exactly was done. I would have appreciated a descriptive overview of the entire process that the participants experience from start to finish. There is definitely space for this, where much of the text of the current article could be shortened (for example by removing exhaustive descriptions of the reasons that participants were lost to follow-up, and simply listing this information in a table).
Finally, while I agree that this is a study of participant satisfaction with their experience in the training programme, I am not clear on the authors' use of the term "applicability". Applicability to what? Also, the relationship between the ACA checklist and the ACA training programme is ambiguous. While development of the ACA checklist informed the development of the ACA training programme, this thrust of this article really is an evaluation of the training programme, not the checklist. Yet in the conclusion (page 13), because of low "completion" of training programme elements, the authors are recommending the checklist be used routinely in clinical practice. The study did not seem to evaluate the utility of the checklist in clinical practice, so I am confused as to how these recommendations can be made.

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:

I declare I have no competing interests.