Author’s response to reviews

Title: Measuring the effectiveness of an intensive IPV training program offered to Greek general practitioners and residents of general practice.

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Author's response to reviews: see over
Referee 2

Major Compulsory revisions

Comment 1 (Methods)
Participant recruitment: ‘conveniently assigned’. This term is very unclear and of concern to me. On what basis were participants ‘conveniently assigned’. Please clarify; otherwise the reader is not convinced that these are not two different groups of doctors. At the beginning of the results section you write ‘based on their availability during the period of training’. This needs better explanation. You later explain that there were no important differences, but a small table outlining these demographics by group would make this visually obvious.

Response: A sentence has been added under the subsection titled “Participants” within the “Methods” section to clarify the phrase “conveniently assigned”. As regards to the second point of the reviewer, a new table has been introduced as “Table 1” outlining the participants’ characteristics by group. A paragraph has also been added under the subsection “Participant Characteristics and flow through the Study” within the “Results” section to reflect the content of table 1.

Comment 2 (Methods)
The Training program: Training content - It is vital in this field that readers interested in this field have an understanding of the scope and methods of the training. You outline the barriers and areas, but not how you addressed these. I am sure you probably did use such strategies, but please describe them, or – as this is an open access electronic journal - refer to an Appendix, where it is explicitly outlined. For example, well done for introducing them to the shelter staff, but how? Did you invite them in, show a video or taken them on a visit? We are unable to judge or replicate findings without knowing whether the training is didactive or inter-active, whether there were opportunities to practise the skills necessary and how (e.g. simulated patients, role play etc). Please give a better description of the training intervention examined.

Response: Thanks for this essential request, which facilitates the replication of the study. An appendix has been added to outline the contents of the training program and the learning techniques. A paragraph has also been added under the subsection titled “Logistics” within the “Methods” section to define the learning techniques employed in the training program.

Comment 3 (Methods)
Outcome measures: You say you asked a detection question adapted from PREMIS, what did you change? How did you score it, as from your table, it looks as if you only counted the
number of doctors who said they had detected one or more, not the mean number of disclosures? If this is not the case or if it is, please describe what you did.

Response: Thanks for indicating this missing information. A sentence has been added under the subsection titled “Outcome measures”, within the “Methods” section, to specify the response options of this item. Moreover, a sentence has been included under the subsection titled “Data analysis” to inform the readers about the use of this item in the analysis.

Comment 4 (Results)
A) Tables. Please place Tables 2 and 3 before Table 1. Because you don’t add figures for the actual mean scores in T1, this table is less useful until you have read the other two.
B) In Tables 1&2, clarify if the numbers represent doctors (as % suggests) or new cases detected? You will need then to alter the commentary in the paper and this will also help.
C) I suggest you comment on whether the changes are substantial or meaningful than the test scores, which should of course be cited.

Response:
a) Tables 2 and 3 have been placed before Table 1 and have been renumbered. All the Tables have also been renumbered in text. Following the renumbering of the Tables, the subsection titled “Changes in GPs’ and residents’ preparedness, knowledge and detection of new cases over the study period” within the “Results” section has been placed after the subsection “Comparison between the intervention and the control group of GPs in the preparedness, knowledge and detection of new cases”.
b) A footnote has been added under Tables 2 and 3 clarifying the n (%). Commentary in the paper was also altered to reflect the number of doctors who detected new cases.
c) Under the section “Data analysis”, a paragraph has been added regarding the assessment and interpretation of the effect size. Finally, the effect size has been used instead of the level of statistical significance to interpret the study findings in the “Results” section.

Comment 5 (Discussion)
Please comment in your discussion on why you think the control group GPs detected more cases. This is an important finding. Is this a reflection of more doctors detecting fewer women in control while fewer detected more? They have less knowledge, but more perceived preparedness? Is this a Hawthorne effect?

Response: Thanks for raising this important point which was missed from the discussion. As a response, a paragraph was included at the end of the “Discussion” section to suggest potential interpretations of this finding.

Minor essential revisions
Comment 6 (Introduction)
In any discussion of clinician IPV training, it is important for the reader to understand the context of the problem. The authors need to briefly outline whether there are IPV laws and a functioning judiciary with relevant services (advocacy and/or refuges, safe houses) so that clinicians can feel confident to identify and refer patients.

Response: Thank you for this comment. A paragraph has been added at the end of the “Introduction” section to inform the readers about the Greek situation and highlight the necessity of the study.
Comment 7 (Methods)
Setting and type of the study- (b) please add to baseline measures of IPV + knowledge, attitudes and practice – you were not measuring IPV ii. Participant – add recruitment – please move the paragraph commencing ‘A list of names and contact details...expected outcomes’ to the top of the page between ...‘telephone contacts.’ and ‘ All physicians. This will make your process clearer.

Response: All the changes suggested by the reviewer have been performed.

Comment 8 (Discussion)
Suggest you alter the expression in the first sentences to ‘ the intensive IPV training program had overwhelming acceptance and was regarded as beneficial to those who participated.ii. Please give examples of what you mean by ‘system changes’, in the sentence ‘...in the absence of other system changes’.

Response: The expression in the first sentences of the “Discussion” section was altered according to the reviewer’s suggestion. The phrase “system changes” was changed into “organizational changes” to be more specific.

Comment 9 (Discussion)
In the second paragraph, please be more reflective of your actual results. It is concerning that actual knowledge, was retained and stronger in the residents than GPs and your explanation is very sound, that already practising clinicians have greater difficulty retaining new knowledge. This is an important finding.

Response: Thank you for indicating this point. The first sentence of the second paragraph under the “Discussion” section was rephrased to better reflect this important finding.

Comment 10 (Tables)
My reading of your Table 2 is that residents retained significantly more actual knowledge than GPs.

Response: This is true. We refer to this important finding in the second paragraph of the “Discussion”.

Discretionary revision
Comment 11
‘Who’ for people not ‘that’ – search and replace will fix this small error.

Response: The suggested corrections have been performed throughout the manuscript.

Comment 12 (Discussion)
Please use ‘compared with’, rather than ‘comparing”

Response: All the changes suggested by the reviewer have been performed throughout the manuscript.
Referee 1

Major Compulsory Revisions
Comment 1
(a) There are a number of areas that need to be addressed in a little more detail. The most important of these stems from the finding that there is no statistically significant improvement in actual knowledge for the GPs over the study period. This is alarming – and deserves a much more detailed examination. It is particularly concerning since all of the other measures are self-reported, and we have no information on how accurate these are. If training results in a change in perceived knowledge and preparedness and in self-reported detection, but NOT an increase in actual knowledge, how can we be sure that the doctor’s practice has actually improved? Does this not suggest that the training requires some modification – and thus the conclusion section requires some revision to reflect this?
(b) The one reference that the discussion uses for a relationship between confidence in ability to practice differently and likelihood of doing so is drawn from the field of physicians counselling smokers, and this does not seem very similar to the IPV field; no argument is made in the paper as to why this should be relevant or reassuring.

Response:
(a) This was an important point about the way that the training could achieve better and more sustainable knowledge outcomes. This point has now been addressed in the second paragraph of the “Discussion” section.
(b) Thanks for your comment. A more relevant reference to the IPV field has been used to support the relationship between physician’s self-efficacy and actual behaviour.

Minor Essential Revisions
Comment 2
It would be helpful to include the specific items from the PREMIS scales that were used (in and Appendix if necessary), this may be very necessary to aid the discussion necessary to address 1 above.

Response: Thank you very much for this comment. An appendix has been added to present the items of the PREMIS survey that were used in the current study.

Comment 3
The paper should include a brief discussion of how different the physicians who accepted the invitation were from those who didn’t?

Response: Thank you for raising this point. It would have been useful to have information on the subjects who refused to participate in the study but this was not asked. Gender is the only information we have from the official lists provided by the regional health administration but commenting on gender differences would not add much to the discussion.

Comment 4
I found it rather confusing that the paper sometimes referred to the training program as training sometimes as an intervention and sometimes as ‘training intervention’. I suggest it would be clearer to refer to it as training program throughout, and reserve intervention for use in ‘intervention group’ only.
Response: All the changes suggested by the reviewer have been performed.

**Small changes suggested to improve clarity**

*Comment 5.*

Abstract, Results
- Third line – ‘change control group in’ to ‘control group on’
- Second to last line – insert ‘self-reported’ before ‘detection’

Response: All the changes suggested by the reviewer have been performed.

*Comment 6 (Main paper: Methods)*
- under ethical approval – change ‘within August’ to ‘in August’
- under training content: change start of sentence beginning with ‘Participants’ to read ‘Besides learning about the dynamics of IPV, participants developed....’
- Under data analysis – add reference for Chi-square test with a Monte Carlo simulation.

Response: All the changes suggested by the reviewer have been performed and the reference has been added.

*Comment 7*

Main paper: Methods
- Third para – ‘shouldn’t’ should be ‘should not’

Response: The change suggested by the reviewer has been performed.

*Comment 8. (Main paper: Conclusion)*

Third line suggest replacing ‘an early intervention stage for IPV training’ by ‘a suitable opportunity for IPV training’

Response: The change suggested by the reviewer has been performed.