Reviewer's report

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

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Reviewer: Angela Taft

Reviewer's report:

This paper addresses very important questions facing medical educators wishing to train primary care clinicians to identify and better manage intimate partner violence (IPV). How and when can we optimise IPV training, at under-graduate or registration and how beneficial is CPD in later practice? How do we best train clinicians to sustain good practice, rather than just increase their knowledge and confidence/preparedness about the issue? Should the training at registration be the same as that provided for practising clinicians?

This study aims to answer three questions in three domains – (1) what are the pre- and post-training differences in perceived and actual knowledge, preparedness and practice (IPV detection) among residents and GPs who complete the training; (2) differences in these domains between GPs and residents and GPs and controls; and (3) the appropriateness of the program. These are reasonable questions and hypotheses proposed. The design of a pre and post test followed up for twelve months is to be commended. Sustainability of training effect is too little examined.

I make some recommendations which are essential to improve readers' understanding of what has been achieved below.

Major Compulsory revisions

1. Methods:

a. 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.

b. 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.

c. 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.

d. Results: 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. 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. I suggest you comment on whether the changes are substantial or meaningful than the test scores, which should of course be cited.

e. 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?

Minor essential revisions

f. The design of a pre and post test followed up for twelve months is to be commended. Sustainability of training effect is too little examined. 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.

g. Methods:
   i. 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.

h. Discussion
   i. 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’.

iii. Surely ‘actual knowledge’ is much more important than clinician perception of what they know, and more than this, their behaviour change.

iv. 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

v. My reading of your Table 2 is that residents retained significantly more actual knowledge than GPs.

vi. You cover the limitations reasonably well.

2. Discretionary revision

i. ‘Who’ for people not ‘that’ – search and replace will fix this small error.

ii. Please use ‘compared with’, rather than ‘comparing’

Level of interest: An article of importance in its field

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 interests’