Author's response to reviews

Title: Managing Obstetric Emergencies and Trauma (MOET) Structured skills training in Armenia, utilising models and reality based scenarios

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Re:
Managing Obstetric Emergencies and Trauma (MOET) Structured skills training in Armenia, utilising models and reality based scenarios

We believe that we have now made appropriate changes to the above manuscript and trust that it will now be acceptable for publication.

With regard to the referees' specific comments:

a)
Although the objective is clearly described, I am slightly confused or unclear about the overall study. As I understand, this is not planned as a research project per se but rather as description of the experience with the implementation of a course. I am not sure if the statistical analyses indicating statistically significant pre and posttest differences are relevant or important (particularly when n=8).

OUR RESPONSE
The study objectives are now more clearly outlined. We hope that it is now clear that this is an educational research paper, which for the second time only measures knowledge and skill both before and after the intervention. We undertook exploratory statistical analyses, and we believe these to be legitimate when one is interested in seeing where differences occur (ie differences relating to improvements in knowledge). We accept that our results are not definitive, but we believe that they are useful in pinpointing areas for further research.

b)
I would rather put more emphasis on implementation of this package, handling of any barriers to change and how such a program can be sustained. Perhaps more qualitative information might be useful. It is important to emphasise audit as the authors have done.

OUR RESPONSE
We agree that barriers to change are important but the primary objective in this study was to measure the success of the intervention. Further long-term evaluation of the impact of the intervention and assessment of local clinicians' success in cascading knowledge is beyond the remit of this study.

c) Success of the course in the UK and Bangladesh is mentioned. Can this be quantified in some way? Can the authors give some comparative examples between UK, Bangladesh and Armenia workshops? What were the dynamics of the workshops like? Can one take the course as is to any setting? Should one change the contents or the approach for different settings?

OUR RESPONSE
We have referred to papers which describe the UK and Bangladesh courses, and the reader will be able to use these to compare our experiences. All our courses are similar and the scenarios are practically identical, reflecting the international nature of obstetric emergencies.

d) I do not think that the course itself should or could be presented as something that changes practice. However, the contents are important and the way it is implemented could be used as the vehicle to improve practices.

OUR RESPONSE
We do not believe that our course is presented as one which changes practice, as there is no evidence to suggest that this is so. Long-term audit is planned.

e) I wonder if the authors considered including "updating knowledge" as well as skills in the course?

OUR RESPONSE
We have modified the text of the manuscript and it should now be clear that knowledge is updated as well as skills.

f) Introduction is too long and some parts can be removed or moved to the methods section.

OUR RESPONSE
We are grateful for the Referees' advice and have shortened the introduction and moved some parts to the Methods section.

g) In Discussion (Pg 9) 1st para, improved practices up to 3 years post training is an important statement. I wonder if the authors could verify/mention how this was measured in the reference cited.

OUR RESPONSE
In the Jonas paper, skills were evaluated and measured by an audit of practice and this is now clarified in the text.

We hope our responses will be satisfactory and we look forward to hearing from you in due course.

Yours sincerely
Professor Richard Johanson