Author's response to reviews

Title: Long-term Impact of Four Different Strategies for Delivering an On-line Curriculum about Herbs and Dietary Supplements

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We thank the reviewers for their thoughtful comments. Based on their suggestions, we have revised and strengthened the paper as follows:

1. HDS is defined in the title and abstract as suggested by both Drs. Harris and Cook.
2. In Table 2, a “0” has been inserted before the “.4” as noted by Dr. Cook.
3. The abbreviation “CAM” has been deleted from the Introduction as suggested by Dr. Cook because the term is not used again in the paper.
4. As suggested by Dr. Harris, we have revised the background, methods and discussion, omitting much of the material covered in previous manuscripts on earlier aspects of this research, and focusing on the new question, which is primarily the duration of improvements and whether differences emerge later on between the groups that received different delivery strategies.
5. As suggested by Dr. Cook, we have omitted mention of “prayer” in the background because it is not discussed further in this paper.
6. As suggested by Dr. Cook, we have amplified our discussion of the limitations of this study, noting that “Those who are willing to complete such voluntary questionnaires (which were not part of the original study “contract”) may have been more knowledgeable and confident about their ability to do well. This conjecture is supported by the observation that those who completed the long-term follow-up had slightly, but significantly higher knowledge scores than the non-respondents.”
7. We have omitted any discussion of cost-effectiveness in the discussion. This study was not conducted to answer questions about cost.
8. As suggested by Dr. Harris, we have revised “impact by” to “related to”.
9. We appreciate Dr. Harris’ reference to Dr. Cook’s excellent article in Acad Med, 2005 about computer-based learning (CBL). However, we understand Dr. Cook’s statement: “Comparisons within one level (for example, comparing two instructional methods) facilitate evidence-based improvements, but comparisons between levels are confounded” to indicate that the kind of research we conducted is precisely what is needed. We conducted a comparison within one level, comparing four methods of delivering the same content for on-line CME, rather than comparing different levels of intervention. This is exactly the kind of work that does advance Dr. Cook’s well-stated agenda for research on CBL. The research questions we propose to answer following on this work about ways to further enhance behavioral changes, are also consistent with Dr. Cook’s paper, drawing directly from our experience with this project.

Again, we are grateful to the reviewers whose comments helped us make the paper stronger and more concise.