Author’s response to reviews

Title: Gender sensitivity among general practitioners: Results of a training programme

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Author’s response to reviews: see over
Dear Editor,

We would like to thank you and the referees for the constructive criticism provided with respect to our manuscript (1019171800183845) entitled ‘Gender performance among general practitioners. Results of a training programme’. Based on the referee’s comments, the title has been changed in ‘Gender sensitivity among general practitioners: Results of a training programme’.

The referees state that the manuscript addresses interesting experiences and recommend a revision. We wish to thank the reviewers for their insightful comments. The changes suggested helped us to improve our manuscript. We have revised the manuscript to address the reviewer’s comments. Please find enclosed our point-to-point replies to these comments. The changes are underlined in the manuscript.

We are looking forward to your further evaluation.

Yours sincerely,

Halime Celik, MSc
Requirements editor

1. **Requirement:** We require that you clarify and document within your manuscript, the name of the ethics committee which approved your study as well as the informed consent given by the participants of your study.

   **Response:** For our study, the approval of an ethics committee was not indicated, since patients were not involved. However, all GPs gave informed consent for our study. We have documented this within the methods section of our manuscript: Informed consent was obtained to use these data for scientific publications.

2. **Requirement:** Please include sections on your 'Competing Interests' and 'Authors' Contributions' in your manuscript.

   **Response:** We have included the sections 'Competing Interests' (and declared that we do not have competing interests) and 'Authors' Contributions' in our manuscript.

3. **Requirement:** Please ensure that your revised manuscript conforms to the journal style

   **Response:** We have edited our manuscripts for style/language and ensured that the revised manuscript conforms to the style of BMC medical education
Reply to referee Joachim Szecsenyi

Comment: My only concern is the term "gender performance". Can the author’s comment why they are not choosing "gender sensitivity".

Reply: Indeed, the term 'gender sensitivity' is preferable. In the revised version we have changed the title in 'Gender sensitivity among general practitioners: Results of a training programme. Furthermore we have applied this change in the main text as well.
Reply to referee Eva E Johansson

2.1 Comment to the aim
There are different formulations in abstract and in the main text which leaves the reader confused, with a lot of questions?
“...whether GPs’ performance can be stimulated by a training programme”. Does the study really investigate that? Shouldn’t there have been a group that did not get the training modules to compare with to answer that question?
Compare with the aim on page 4: “whether the training programme actually contributed to GPs’ gender performance” and further down: “investigate the performance of specially trained GPs in relation to gender sensitive recommendations”. How does the training programme come in here? Is this a study of adherence to recommendations? And, why are not the authors interested in presenting what happened between GP and GP trainee when the forms were recommended and implemented in tutor-trainee discussions?
To conclude, I recommend the researchers to consider what the aim with this presentation really is and to be consistent throughout the paper.

2.1 Reply
Since we have not compared the GPs under study with a group that received the training module, ‘gender sensitivity’ is indeed preferable. We reformulated the aim of our study: “whether the training programme actually contributed to GPs’ gender sensitivity”. To be consistent throughout the paper, we have applied this change in the main text as well.
We are surely interested in what happened between GP and GP trainee. However, this was not the aim of the present study. In our study design we opted for a combination GP and GP trainee, because this was relevant from an educational perspective. In the context of educational aims reflection and discussion between ‘teacher GP’ and ‘trainee GP’ was important to enhance the effect of the training. This issue will be elaborated in a forthcoming study.

2.2 Comment to the methods I
What is meant with “explorative, prospective, observational study”, i.e., how are these scientific concepts actually realized?
- Prospective - in what sense? Did you start at a base line and compared how things developed after the training modules?
- Explorative is often a word used in qualitative research. How is the explorative part conducted here?
- Observational? To me this is a concept used for data gathering by observations instead of forms, interviews or questionnaires, for instance observations of doctor-patient interactions registered by a researcher who don’t take part her/himself. Which are the observations in this study?

2.2. Reply
We meant with ‘explorative, prospective, observational study, that our study is
- Explorative, as we have done quantitative descriptive research. We suppose that descriptive research falls under a broad heading, which can be used for qualitative or quantitative methods to describe or interpret a current event, condition, or situation. In every case, descriptive research examines a situation as it is at that moment, and it is not intended to detect cause–effect relationships.
- Prospective, since we have looked whether the GPs become gender sensitive after the training. However we have not compared this with a baseline measurement.
- Observational, as we observed the gender sensitivity of GPs in practice. It was not our goal to study the doctor-patient or GP-GP trainee interaction in detail.

We conclude that labeling our study as prospective and observational was not suitable and that it leads to misunderstanding. Therefore we have adjusted the description of the design of our study in the abstract and in the methods section into: A quantitative, explorative and descriptive research design was used as basis for our study.

2.3 Comment to the method II
The Method part is also unclear regarding the presentation of the recommendations for GPs, and the training programme. For instance; who are “our partners”? The presentation of how the study was
done, ought to be understood by reading the article text. It is not appropriate just to refer to material or texts that can not easily be found and read by the reader. "Video consults"?

2.3 Reply
With ‘our partners’ is meant the research team of the University of Amsterdam. For clarity, we have replaced ‘our partner’ in the text in ‘by researchers at the University of Amsterdam and refer to the publication (Keuken et al) of the particular research team.

The content of the video consults are not used as data for our study. The videos were used as educational materials during the training programme. We agree that mentioning ‘video consults’ and ‘critically reviewing’ may confuse the reader and therefore we have adjusted this in the text by: Audio visual materials related to gender issues were used for discussion purposes with the participants. The training programme will be comprehensively described in publications (in progress) of a PhD student of Radboud University Nijmegen.

2.4 Comment to the boxes I
The texts in the boxes are indistinct. For clarity, could the recommendations right through maybe be formulated in a consequent mode, so that the ‘shoulds’ comes first and the motives for them afterwards. For instance. “In chest pain diabetes should be paid attention to, as……” and then the grounded motives for this follows. Or “ GPs should know that depression in women might be masked in anxiety”, therefore…….” And what is the recommendation to be followed? Re recommendations regarding depression: Regarding sexuality, is it not the same for both gender? “The GP should ask about sexual experiences and decrease in libido, as……?”

2.4 Reply
We have reformulated the recommendations in the boxes in a consequent mode, as suggested by the referee. Regarding sexuality, there is a relationship between the recommendations for both gender. Therefore we have adjusted in the box for depression the following general recommendation for women and men: The GP should ask whether there are sexual problems in depressed patients, since they do not often mention this spontaneously. In depressed patients there is generally a decrease of sexual functioning. In the results we have already presented this as general sexual problems. Nevertheless, the specific recommendation regarding sexuality for men is still valuable, since in published scientific literature (obtained via our literature review) the loss of libido, and erectile dysfunction are mentioned as important to consider in depressive men. For that reason, we have kept the specific recommendation for men in the box, and removed the specific recommendation for women.

2.5 Comment to the boxes II
“Decreasing level of socioeconomic deprivation”, box 1?. Isn’t decreasing and deprivation words of the same meaning? ’Decreasing level of socioeconomic status’ or ‘level of socioeconomic deprivation’, maybe?

2.5 Reply
Indeed, the recommendation should be ‘Decreasing level of socioeconomic status’. We have adjusted this in the text.

2.6 Comment to the forms
Regarding the registration form? What was the purpose with filling in the form? To score gender performance? Or, to make GPs reflect, keep up and develop gender awareness? Or to check out how the GPs reflected and performed? Anyway, which are the outcome measures? And how did recommendations turn into “required performance”?

2.6 Reply
The purpose of the registration forms was to support GPs to be gender sensitive for the three diseases. We have included the following in the methods heading ‘Registrations’: The purpose of the registration forms was to support and increase GPs’ gender sensitivity toward patients. Additionally, the results of the forms show whether the GP is sensitive to follow the recommendations. Namely, the GPs had filled in the forms and indicated whether they had followed the gender specific recommendation by women/men for the three diseases separately. As mentioned in Reply 2.1 the aim is improving gender sensitivity (and not performance). We have defined that GPs are gender sensitive if they pursue the gender sensitive recommendations. For the clarity of this paper we have include the following text in the methods section, heading ‘Data analysis’: If GPs followed the recommendations, we assumed that they were more gender sensitive. Each recommendation was assigned a code 1 when the GP’s adherence to the recommendation was gender sensitivity and 0 if the adherence was not
2.7 Comment to the Results I
One hundred patients is (not relatively small) but quite a big sample. Or, it depends on if the number is chosen to prove an effect of the programme, or if it is a sample for exploration of eventual effects? Furthermore, are the quantitative outcome measures solid enough to ground any conclusions at all regarding “right” or “wrong” gender conduct in the consultations? Is it really meaningful to draw statistical conclusions on mean values on “required performance” (expressed as “mean gender performance was 1.84”?), or to compare women and men in a t-test?

2.7 Reply
Also here it turned out that the use of the term performance suggests that we have investigated the effect of a training programme, including a baseline (pre) and effect measurement (post). Since this is an explorative study we should put the population of our study in this perspective, and should not refer to this as a relatively small sample. Therefore, we have removed the following in the discussion: The population of our study was relatively small. It was not possible to enlarge the study population in the course of our project, since the programme was intensive and structural support during the registration period was required. We believe that our measurements were not solid enough to investigate a pre-post effect of the training programme, but whether the GPs were gender sensitive regarding the particular recommendations. That means that statistical conclusions on gender performance need an effect study. For that reasons, we have eliminated the following part from the methods and results, respectively:

Methods:
To test whether there is a gender difference in gender performance we used an independent sample t-test to compare the GPs’ performance between female and male patients. Alpha (significance) was set at p < 0.05 for all analyses.

Results
Gender difference in gender sensitivity
An independent t-test analysis was conducted to answer the question whether the recommendations have led to gender differences in gender sensitivity if it concerned male or female patients in the general practice. Therefore we examined the gender differences in sensitivity among 18 GPs for all registrations forms (N=23 male and N=77 female patients). GPs mean sensitivity for male patients was 1.74 (SD: 0.81), and for the female patients 1.87 (SD: 0.78). GPs sensitivity for female was not significantly higher as compared to male (t=-.698; p>.05).

2.8 Comment to the Results II
I certainly believe there are interesting experiences in this study to share with the readers, but the statistic work on very loose outcome measures seems as over-doing and a mistreat of the material? Why not consider a qualitative approach in analysis of the forms?

2.8 Reply
See reply 2.7 for the statistics regarding gender performance. A qualitative analysis of the forms is not possible, since we have measured whether the GP has followed the gender-sensitive recommendations quantitatively. We preferred a quantitative analysis, since our research question was whether GPs’ gender sensitivity can be stimulated by following the gender sensitive recommendations in the practice situation. By a quantitative measurement it was possible to measure the increasing sensitivity over one hundred cases. The forms were immediately completed by the GPs after a patients’ visit, and a qualitative form could not be filled out between two consultations, as more time was needed to express subjective impressions for relevant cases.

2.9 Comment to the Discussion I
I do not agree that this study shows that gender performance can be stimulated. We don’t know how the GPs acted before to training programme, do we?

2.9 Reply
Our reformulated aim is to investigate the gender sensitivity of trained GPs rather than the gender performance, since the latter needs a pre-post measurement. However, the gender sensitive recommendations for the three diseases were new information for the GPs compared to the existing guidelines of the Dutch College of General Practitioners. This is mentioned in the methods section.
measuring whether GPs consider these recommendations it was possible to investigate the gender sensitivity of the GPs. We have adjusted the following in the discussion: To our knowledge this is the first study that investigates gender sensitivity of GPs which extends beyond the existing guidelines. The results show that gender sensitivity can be stimulated among trained professionals for non-routine patient cases.

2.10 Comment to the Discussion II
I do agree to the different flaws of the study discussed. Still, and I wish the authors would be more explorative here, it could be interesting to read about some qualitative impressions from the GPs about how the training programme and the discussions over a form might have changed ways of thinking about gender issues in these three diseases.

2.10 Reply Our quantitative research study gives some important insights into gender sensitivity of GPs after a training programme. However, certain issues that arose from this quantitative approach should be the subject for further qualitative research projects which will give subjective impressions of trained GPs. As a limitation of our study we recommend further qualitative research in the discussion part of our manuscript by the following: Further qualitative research of GPs’ impressions and feedback on this subject is recommended as it will complement gender-related research and practice.

Currently, our qualitative manuscript entitled ‘Maintaining gender sensitivity in the family practice: barriers and facilitators’ is in progress. In this study, GPs’ subjective impressions regarding the maintaining gender sensitivity will be ‘discussed’.

2.11 Comment to language
Quality of written English: Needs some language corrections before being published

2.11 Reply For the quality of the written English we have corrected the manuscript text according to the suggestions of a professional English editor.