Reviewer’s report

Title: Educational outreach and collaborative care leads to improved services for Developmental Coordination Disorder

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Reviewer: Brenda N Wilson

Reviewer’s report:

General
This article describes an exceptionally innovative and well designed multi-faceted program for health care education. It consisted of both educational outreach and multidisciplinary collaborative care, designed to improve identification and management of a developmental disorder which is not well known or understood - Developmental Coordination Disorder. To the authors knowledge (and to mine), there are no other studies describing rehabilitation professionals' provision of outreach support, and its impact, in a primary health care setting. Limitations to this evaluative approach are cited but do not distract from the feasibility and potential impact of programs like this.

The description of this program will be of value for many working in paediatric health care and rehabilitation, especially in the field of DCD and other developmental disorders in children. Using a mixed-method evaluation approach, the success of several components of an educational program for community physicians was measured. The methods, especially with the extensive appendices, provide most of the information which would allow the program to be replicated in another location.

The return rates for both the pre- and post- program surveys on awareness of DCD were acceptable for a community-based study. Although it was not possible to have a control group and to attribute the change to the program alone, the difference in knowledge and skill development of participating physicians was remarkable. Physicians also provided feedback on the usefulness of different tools and were interviewed in a very favourable qualitative evaluation.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

1. The number of children who were identified, and the fact that 76% of them received a diagnosis of DCD, is an impact which would be part of the "Impact Measurement" section. This is the first impact reported in "Results" but is not listed as a measurement.
2. Could the figures on continued use of the materials be placed in table 3 (perhaps with a footnote about the 3 groups of physicians for this variable)? It may be easier to read than when in the text.

Discretionary Revisions (which the author can choose to ignore)

1. The apparent usefulness of the self-selected educational outreach activities which the physicians participated in were reported in both the Results and the Conclusion, including their favourite tools and those they would use again. In addition, it was noted that the OT made 84 face-to-face visits: is this the same as "Small Group Discussion" on Figure 1? Or was this an additional component of Educational Outreach, or part of Collaborative Care, or an activity that developed spontaneously through the course of the project. It would be interesting (but discretionary), either in the Conclusion or Results, to have a synopsis of the elements/tools of the program with notation of the ones which the authors felt were the strongest contributors to the success of the program and the development of greater knowledge and skill for the physicians.

2. Similarly, were the authors aware of barriers to this program which were not necessarily measured quantitatively or qualitatively, but which they would consider if replicating this program?

3. The knowledge and skills gained by physicians were used to identify children who may have DCD, and to refer them for an OT assessment. For replication purposes, it would be useful to know:
   - of the 64 children referred to OT, how many referrals were from physicians who received a face-to-face visit from the OT, compared to no visit (i.e., is this component a crucial part of the education plan?)
   - whether the time frame for 3 - 4 hours for the assessment, collaboration with the physician and consultation with the family was standard practice for community OT services in that locale, or if it generally takes more or less time (this speaks to generalizability).

4. My last comment is purely personal preference, but I would prefer to have the Materials which were listed in the Appendix to be integrated in the text or Figure 1. If this is not preferred by you, it would be good to tie the names of the tools in the Appendix with the ones used in the text and the ones used in the figure, as they do not always appear to be the same.

What next?: Accept after discretionary revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable

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