Reviewer's report

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

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Reviewer: Deborah Dewey

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General
This article is well written. The study is original and innovative and examines the feasibility and impact of educational outreach with primary care physicians and collaborative care with primary care physicians and occupational therapists to improve identification of children with developmental coordination disorder (DCD).

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

The title of the manuscript suggests that educational outreach and collaborative care lead to improved services for children with DCD. Although there is some suggestion in the focus group results that the educational outreach and collaborative care could lead to improved services, the main finding of the study was that educational outreach and collaborative care resulted in greater perceived knowledge about DCD among the primary care physicians that participated and greater confidence in diagnosing these children. Whether this would lead to improved services for children with DCD is open to question. Therefore, the investigators should change the title of this manuscript.

A second weakness relates to the lack of consistency in the reported numbers of physicians who participated in various parts of the study. For example, on page 10, the authors state that 84 participants received educational outreach only. This is not consistent with the number reported in Table 3 (n = 54). Further, on page 11 they report that 88 responding physicians reported that they would recommend the materials to their colleagues. In contrast, the data provided in Table 3 suggests that 87 physicians responded. The authors need to check the sample
size numbers provided in the manuscript to ensure consistency.

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

In the Introduction, the authors use the terms "manage DCD" and "effective management"; however, no operational definition is provided for these terms. How do/can physicians effectively manage DCD?

The statement at the top of page 4 "they (physicians) have regular, ongoing contact with their young patients....." seems a bit "strong". In many cases, physicians have very limited and irregular contact with children and because of the limited supply of primary physicians in Canada, may children have limited or no access to a primary care physician. Any medical care that is needed is provided through emergency rooms or walk-in clinics.

On page 5, in the section Study Design, it would be helpful if the investigators provide more detail on what the mixed method evaluation approach included.

On page 5, the first time the term occupational therapist is used, they should include the acronym (OT).

On page 7, in the first paragraph, the statement "The time for educational outreach varied, ...." should be moved to the previous section on Educational Outreach.

On page 7, the authors should indicate the physician's role in the collaborative care provided to the child and the amount of time this required, in addition to the occupational therapist's role and time. The inclusion of this information will provide support to the fact that the children with DCD were provided collaborative care by an OT and physician and not just care by the OT.

The authors should consider changing "skills" to "skill" throughout the manuscript when referring to the physician's ability to diagnose DCD.

On page 8, Results section, 147 participants should be changed to 147 physicians.

On page 9, the authors should outline the cut-offs used to identify children with DCD as the reference that they refer to is an abstract and may not be readily available to readers of this article.
On page 10, the authors state that the physicians that received educational outreach "reported much increased knowledge about DCD". This wording should be changed to "reported that they have knowledge about DCD" as the authors did not ask about increased knowledge but rather about knowledge of DCD.

On page 11, the authors report that 4 physicians attended the family medicine focus group and 13 attended the paediatrician focus group. On page 8, they reported that 9 family physicians and 15 paediatricians were invited to attend the focus groups. It might be more appropriate to move the information from page 8 to page 11. Further, it would be helpful to know why only 24 of the 33 physicians who participated in the collaborative care component of the project were invited to participate in the focus groups and if there were any factors that differentiated the physicians that decided to participate from those that chose not to participate.

On page 11, the first sentence of the second paragraph in the section on Focus Group Results is unclear.

In the Discussion, it should be noted that this study did not actually assess physicians' increased knowledge of DCD. Rather, it assessed physician's perceptions in increased knowledge. Therefore, at the bottom of page 12 the authors' should state "increase in reported knowledge and……"

In the limitations section, the authors should consider some discussion of factors that could influence the differences noted between the physicians involved in only educational outreach verses those involved in collaborative care. Some possible confounders could motivation towards new learning, size or focus of practice, age of the physician, etc.

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Discretionary Revisions (which the author can choose to ignore)

**What next?:** Accept after minor essential 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.