Reviewer's report

Title: Application of a practice guideline for the assessment and treatment of suicidal behaviour: Cluster RCT study protocol of an e-learning supported Train the Trainer program.

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Reviewer: John Norrie

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The authors present a very clear protocol on an interesting intervention designed to improve professional knowledge and implementation of best practice for assessment and treatment of suicidal behaviour. There are a few issues that could usefully be clarified, as follows:

1. The authors identify the issue of contamination as being a potential risk – page 13 ‘An overlap effect of the training to the control groups is a potential risk of the design. We will make sure that the control and experimental departments are separated geographically and organisationally’. However, it is not adequately clear as written how the 38 ‘departments’ across the ‘8 mental care health centres’ are composed, nor how they are paired off to be ‘separated geographically and organisationally’. Much more detail and description is needed, since on the face of it, given the nature of the intervention (education, professional behavioural change), and given the nature of the target group (health professionals, who you would expect to share knowledge and discuss practice with their peers.

2. A map of the Netherlands with the sites involved would be useful, and a clear description of ‘department’ and ‘health centre’, along with description of how service delivery ‘teams’ are made up, with ‘who does what’ is needed.

3. In addition, a fuller description of how these 38 departments were paired and then randomised. The authors just say they were matched ‘in pairs with respect to the average duration of treatment and diagnostic categories’ (nothing explicit here about geography and service delivery?). It looks like although 19 went into each group, there are 410 and 320 professionals taking part in each group – so what reassurance do we have that these groups are balanced?

4. The authors state on a couple of occasions that ‘The study protocol of the effects at patient level has been described separately’ – but it was not obvious if there was a reference for this? It would be helpful to summarise the key aspects here as well.

5. Page 5 – the authors state that ‘despite the relatively low suicide rate, suicide prevention in the Netherlands might be improved by improving service delivery’ – the authors should discuss likely issues around generalisability (or at least rehearse the arguments for the final report) – first in terms of whether the 38 departments that were willing to participate might have an even lower rate of
suicide and hence not even represent the Dutch experience; and then in terms of whether given the low rate these findings will be generalisable to more diverse sets of patients in more diverse healthcare settings?

6. Page 12 – in terms of the NEDKAD examining adherence to guidelines – ‘using a specific protocol of 10 questions’ – has this approach / metric been validated and published?

7. The statistical analysis needs fully developed – presumably there will be a comprehensive statistical analysis plan? At present the authors just say ‘multilevel modelling will be used to analyze the effect of the TdT-e program on the level of health care professionals and departments’ – but this looks a complicated design with levels within levels (masters, trainers, trainees; different health professionals; departments within centres) so this needs careful specification.

8. Also, on the contamination issue, the authors just say ‘relocation of staff between experimental and control departments will be monitored’ – need to say how the analysis will be adjusted for this, if necessary?