Reviewer’s report

Title: Changes in professionals' beliefs following a palliative care implementation programme at a surgical department: a qualitative evaluation

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Reviewer: Jonathan Koffman

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PCAR-D-16-00159

Thank you for the opportunity to read this paper that explores health professionals' beliefs after they participated in an educational programme on delivering palliative care. The study claims to be a comparative before and after qualitative design. I do not believe it is comparative as the authors are not comparing those who participated in the educational programme with a comparison group. I would argue that the study is simply follows a before and after qualitative approach.

Background:

The background is well written and offers a comprehensive range of references. It will be useful if the authors could provide a more robust justification for why they focused on a surgical department. If the authors could shed light on the palliative care needs of patients in this type of ward it would be interesting. Is there any evidence that the needs of these patients are currently poorly attended to or underserved?

It would be useful for the authors to explore the relevance of implementation science in the delivery of this educational programme.

My main problem with the aim is that new knowledge may change beliefs but do beliefs change clinical behaviour? I believe this, facilitated by education that would be a better topic to explore in detail, as it is this that has potential to change patient and family centred outcomes. This is a problem with many studies in this field; most being small-scale, and often assessing small-scale, often assessing the effect of training on clinicians' self-reported confidence or attitudes rather than patient outcomes or staff behaviours.

Methods:

The intervention is well described in the methods section. The authors do not state if changes were made to the course partway through after requesting the views of course participants. This will be useful to know.
Sample:

There may be some bias in the recruitment of potential participants. The authors state that the sample emanated from participants' personal interests. It will be useful to understand if the authors purposefully sampled those who attended the course from a wider pool of potential participants in order to achieve a fair representation of those under enquiry.

The analysis is detailed and well described but there is no mention of how the authors attempted to maximise rigour in their analysis for example they could have made use of dual coding, member checking, and attention to non-confirmatory/deviant cases among other strategies. The authors state the analysis was carried out by the person who was not present during the focus groups. Why was this the case? A detailed rationale for this is important to understand.

Results: The findings are interesting and at times well described. Some of the quotes the health professionals do not always follow the narrative that accompanies them. A lot of reference to 'prior to implementation…' and 'after implementation…'. At times this is rather repetitive.

Many of the issues highlighted by the findings are already well known in the literature. In what ways do these issues resonate in different ways within surgical departments? This would be more interesting to explore.

Discussion.

Again this is well written but I go back to my main point that it is important to understand whether the before and after beliefs of health professionals' working in surgical wards influence their clinical behaviour. This is more important to understand. It would also be useful to understand whether these beliefs that influence behaviour remain in place over time, or are in fact used as a foundation to build on.

The limitations are interesting. The authors do not shed light on whether course participants may have been influenced by other programs of education but may have been taking place at the same time. Changes in belief may be contingent on many other factors above and beyond the course that was offered. It would be useful to be more critical about the use of focus groups as the sole source of data for this study given that there is evidence of lack of communication and tension between surgical and medical staff. Would face-to-face interviews have elicited different views?

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

No

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.
No

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

No

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

Not relevant to this manuscript

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