Reviewer's report

Title: Family Physicians Enhance End-of-Life Care: Evaluation of a New Continuing Medical Education Learning Module in British Columbia

Version: 2  Date: 6 April 2015

Reviewer: Craig Campbell

Reviewer's report:

Major Compulsory Revisions

1. Figure 2 and 3 relate to two of the three sets of questions related to the end-of-life module. The one set of questions that was missing was the EOL objectives scale. Although the data from this scale is described later on – it would have been better to include a table or figure for this – or remove it altogether if there is not room to add an additional figure.

2. A large portion of the results / discussion section dealt with post-hoc analyses that attempted to explore whether self-reported changes to end-of-life care at each of the three points of time were influenced by the various demographic variables – including gender, years in practice, practice setting etc. This whole section – while of interest – would perhaps be best in a second article examining the impact of these variables on educational outcomes from the educational design of these modules. The authors should decide what data is most critical to address the research questions they posed.

3. If the analysis by demographic variables is kept then this should be supported by more detailed reporting of ANOVAs and MANOVAs.

Minor Essential Revisions

1. There was a description of the data to be included within Table 1 without actually providing the actual table. A reference to Table 1 (line 140) should be removed or provide the table. Table 2 was equally absent.

2. It was awkward to move from the description in the text and easily align this with the description provided under each of the Figures that were provided. For example the EOL- Practises Survey (referenced on line 159) described the GPs confidence with various EOL practices. This appears to be Figure 5 – which is described using a 3-line narrative. In addition, the EOL practices survey described on line 178-183 did not readily match the behaviors or skills described in Figure 5. Some were clear (such as having an action plan) but others (such as having a registry) were not clearly described (although I suspect the implementation of a registry was aligned with the skill - ‘identifying patients who might benefit from palliative approach to care’).

3. The disagree – agree scale was not described re: number of points, nor was there any justification provided for why the authors decided to collapse agree
4. Among the three limitations stated, the authors did not emphasize enough the significant reduction in survey completion 3-6 months later. Given that there are likely 3,400 GPs in the province – the 109 completed surveys were a pretty small sample to draw strong conclusions.

5. In addition, the one key limitation that was not emphasized was a) the level of evaluative data was self-reported changes. The authors should at least acknowledge that they were not able to confirm whether or not the changes stated were in fact implemented in practice.

Discretionary Revisions

1. One important area that I thought required more focus (perhaps to replace the post-hoc analyses) was the role that the educational model and the training if peers on the initial baseline outcomes achieved. Given that the authors provided a comparison of what differentiated their approach to end-of-life care to others, they did not really talk about the role the model may have played in the outcomes they achieved.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

I have no competing interests to declare