Reviewer’s report

Title: Care professionals' perceptions of barriers to and facilitators of Partner Notification for Chlamydia trachomatis: A qualitative study

Version: 1
Date: 7 August 2014

Reviewer: E. Jennifer Edelman

Reviewer’s report:

Overall Comments
Based on semi-structured interviews conducted with STI nurses (n=22, representing 5 STI clinics), this paper describes barriers and facilitators to implementing partner notification for Chlamydia trachomatis in STI clinics in the Netherlands. The authors report on provider, patient and organizational-level barriers and facilitators. While the paper addresses an important topic from a unique perspective, the paper could benefit from addressing the following concerns prior to publication:

1. The methods need clarification.
2. The participant characteristics, as well as those of the 5 represented sites, could be more clearly stated.
3. The themes are under-developed as currently presented.
4. The paper would benefit from a careful proofread with attention to tense (i.e. send vs. sent)

Major Suggested Revisions

Introduction:
1. The abstract states that “PN is suboptimal in the Netherlands” but this is not further mentioned or described in the introduction but key to the rationale of the paper. Please clarify what is known about current implementation practices and how it is suboptimal.

Methods:

Design and Setting:
2. Please describe basic characteristics of the STI clinics and major differences between sites (number of patients seen, type of population, setting) that might be relevant for PN implementation.
3. Please describe the job role of the STI care professional to help the reader understand how PN fits into their other responsibilities.
4. Please describe how RATS guidelines were chosen over others (i.e. COREQ: Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. Int J Qual Health Care, 19(6), 349-357. doi: mzm042)
Recruitment:
5. Please clarify recruitment strategy – where was this list of email addresses obtained? Were only nurses recruited or other care professionals?
6. Information about the characteristics of the participants should be in the results section instead of the methods.
7. The comment that all participants were trained in motivational interviewing is confusing – is this part of the study? or just as part of their job training? I am unclear.

Data Collection:
8. Did the interviewers have training or prior experience with qualitative measures?
9. Was the interview guide piloted prior to implementation?
10. Did the interview guide focus specifically on PN for Chlamydia specifically or PN in general?

Analyses:
11. As interpretation of data varies based on the inherent biases of the researcher, please describe the expertise of the researchers completing the analysis.
12. Please explicitly describe when codes were applied to the transcripts and how coding was approached (i.e. open coding)?
13. Was participant confirmation conducted, where the participants were able to provide feedback on the findings? If not, this should be added as a limitation.

Results:
14. Describe characteristics of the study participants, including age (with mean and SD or range rather than “mid 20s to mid 50s”); gender; race/ethnicity; years in practice (if known), etc. Consider presenting as a table.
15. The themes are currently underdeveloped – it would be more informative and significantly enhance the quality of the paper for them to be expanded upon into statements that capture the essence of the quotes. Rather than stating that there are “care professional barriers,” what was the theme that emerged regarding these barriers? For example: “Care professionals focused on individuals rather than public health; moreover, care professional focus varied by subgroups” or a similar statement would elevate the quality of the reporting of the current results.

Discussion:
16. What are the implications of the study results on implementation of expedited partner therapy?

MINOR ESSENTIAL REVISIONS

Introduction:
17. Paragraph 3: While I agree that data regarding PN implementation from the
public health professional perspective are scarce, there are some data in the context of other STIs. For example, see: Edelman, E. J., Cole, C. A., Richardson, W., Boshnack, N., Jenkins, H., & Rosenthal, M. S. (2014). Opportunities for Improving Partner Notification for HIV: Results from a Community-Based Participatory Research Study. AIDS Behav. doi: 10.1007/s10461-013-0692-9

Methods:
Recruitment:

18. The first and second sentences are redundant; this should be re-written.
19. “As saturation was reached. . .” – I believe the authors are referring to thematic saturation here – this should be clarified.

DISCRETIONARY REVISIONS

Introduction:
20. Paragraph 3: Please consider adding information regarding the epidemiology of Chlamydia infection in the Netherlands (e.g. incidence and/or prevalence estimates).

Methods:
Data Collection:
21. The authors might consider presenting the interview guide as a text box.

Discussion:
22. The authors might consider adding a table to highlight their recommendations to improve PN.
23. Collecting data from the perspective of patients and/or partners might be also be considered as a next step for informing PN implementation in these STI clinics.

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

Quality of written English: Needs some language corrections before being published

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.