Reviewer's report

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

Version: 2 Date: 24 October 2014

Reviewer: Gill Bell

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The paper is difficult to read because the standard of English (spelling, grammar and punctuation) is poor, some sentences are too long and the structure is idiosyncratic in places. The relevance of some statements to the general thesis of the paper is not always clear (eg Last sentence on p 3 – just hangs there until is explored again in the discussion)

Interpretation of findings is weak in places

Methods

‘Design and setting’ is a jumble of sentences which should be in different sections and/or a different order! – eg a description of what PN is and when it is performed should not be under methods; information about the research process – eg obtaining ethical approval and informed consent, should not be interspersed with background information on screening rates .

Why was this piloted among young people, not health professionals?

Results

P9 – ‘ Next to this…..notifying one another’ doesn’t make sense – partners do not notify patients. A better interpretation of this quote would have been to note the unwillingness to undertake provider referral. .

Figure 1: not sure how helpful the step 1-4 model is in clarifying the barriers and facilitators; the text doesn’t seem to line up; surely ‘lack of commitment to sex partners’ is a barrier to step 3, not step 2;

Surprising that ‘patient barriers’ in the results section did not include the discomfort, fear and embarrassment patients feel discussing their sexual history with health care workers and/or their STI diagnosis with a partner. This was alluded to in the discussion but not presented as a finding.

Discussion

There is no evidence presented – from these findings or the literature – to claim that ‘ motivational interviewing training should be maintained. When professionals are better trained to motivate clients…and are more directive in helping clients in the notification process sex partner’s recall will increase’ .

Previous feedback pointed out that this reveals a misunderstanding of MI, which is not a directive style. ‘Proactive’ would have been a better word.

Good discussion on learning from the findings and future recommendations
Referencing error : Trelle’s paper summarised evidence that home testing kits increased the proportion of partners tested, but not partners treated.

Limitations
‘The number of years working experience may play a role ….’ needs further discussion

Abstract
Badly written and weak conclusion – should list the practical steps to be taken as outlined in the paper.

Is the question posed by the authors well defined? yes
2. Are the methods appropriate and well described? yes
3. Are the data sound? mostly
4. Do the figures appear to be genuine, i.e. without evidence of manipulation? yes
5. Does the manuscript adhere to the relevant standards for reporting and data deposition? yes
6. Are the discussion and conclusions well balanced and adequately supported by the data? partly
7. Are limitations of the work clearly stated? yes
8. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished? N/A
9. Do the title and abstract accurately convey what has been found? Mostly
10. Is the writing acceptable? No

Level of interest: An article of limited interest

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'