Reviewer's report

Title: Developing a programme theory to explain how primary health care teams learn to respond to intimate partner violence: A realist case-study

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Reviewer: Pat O'Campo

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This paper addresses the important topic of intimate partner violence responses in health care settings. There are many strengths to this study including: a case study approach to their evaluation of an IPV program in a Primary Health Care setting, the use of a realist evaluation approach, and building on a previously published protocol that describes their initial program theory for this work. However, there are a number of limitations that dampen enthusiasm for this paper which are outlined below.

Major compulsory Revisions:

In the Introduction, the authors talk about a country-level response to creating and integrating a health sector response into first line health services to address IPV and I wonder if that is a reasonable expectation. In fact, the authors, later, talk about health care team learning and responses, which is not at the country level. Perhaps the authors can give examples of other country-level strategies for other health conditions that have been developed and been integrated in first line services.

The authors provide nice figures that represent the context of their program theory as well as the possible levels at which the mechanisms will operate. However, I don't see any initial mechanisms or actual theorizing about mechanisms in these figures or in their descriptions of the theory. That is, the key ingredient for the initial theory--the initial ideas about mechanisms-- appear to be missing. Moreover, the authors talk about testing the theory(page 7),` We also hoped to refine our initial programme theory by testing it with a primary health care team.`` Yet it is not clear what is meant here by `testing it.` Especially since later on in the methods, there are no procedures that describe theory testing (eg., hypothesis testing).

The actual case study evaluation questions could be more clearly articulated. This is important as the case study evaluation question frames almost everything else about the work. What is it about team learning that they seek to study or test?

In the methods, the authors provide ample information about their realist approach but say little about case study methodology which is a real gap in the methods section of the paper. Is this a descriptive case study or an explanatory case study? The authors need to present more information about their strategy
for developing a strong case study approach. How were data from different sources brought together to develop and identify mechanisms? From a realist perspective, how were the data collection instruments created to elicit or confirm mechanisms? What were the outcomes (for the mechanisms that were) being investigated? What criteria were used to identify or confirm a mechanism? Were there strong or weak mechanisms or was there any assessment of the strength of the evidence about mechanisms? These aspects of the study design should be discussed and presented in the methods section of the paper because without them we are unable to assess the quality of the design of the study or the strength of the analytic approach. In fact when you look at the findings, it appears more like reports from a qualitative analysis than a case study.

Some concepts could be better developed in the results section. There are a few issues with the notion of disclosure for example. First, the authors might provide more context about disclosure, for example, was routine screening done at LV? When the authors note on page 12 that `Disclosure was not the starting point for the response to IPV` it is not entirely clear how that is the case. If the providers do not know that a patient is experiencing relationship violence or abuse, how are they actually responding to IPV? The example clearly shows that the woman was in treatment for health issues prior to disclosure but the authors have not made it clear how that qualifies as ‘response to IPV’. It is not clear how some of the themes presented around disclosure are related to team learning.

In general the reporting of findings in the section `Responses to IPV at LV` is not focussed on mechanisms. Many pages are spent describing procedures with little summation of mechanisms. It is a common error in realist studies for authors to focus on strategies or program activities and not present findings on actual mechanisms. For example, how does the idea of doctors `stopping the clock` relate to mechanisms or the fact that midwives were the least involved of all the professions? The authors should be clearer and more direct about their findings around mechanisms. (or context-mechanism configurations). There are descriptions of the strategies and activities or actions taken by staff but there is too little focus on team learning or the mechanisms that trigger outcomes of team learning. The same weaknesses can be said of the other sections of the findings (e.g., Micro to Micro) where qualitative quotes and strategies are presented but the mechanisms themselves are not clearly identified or described.

It would seem that everyone who was interviewed had positive impressions of the IPV activities. Were there contradictory opinions and when there were, how was that information handled in the analysis?

The discussion section does not seem to be focussed on the main questions of the study--team learning. Instead, new information is introduced around screening (benefits or disadvantages of routine screening) and other topics. It is not clear how this is related to mechanisms or the `theories` presented at the start of the paper.

The authors make no mention of limitations of their work.
Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

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