

Article details: 2020-0031	
<p>Title: Assessing readiness to manage intimate partner violence 12 months after completion of an educational program in fracture clinics: a pretest-posttest study</p>	
<p>Authors: Paige Guyatt BSc (Cand), Sheila Sprague PhD, Taryn Scott MSW MSc, Diane Heels-Ansdell MSc, Paula McKay BSc, Diana Tikasz MSW, RSW, Prism S. Schneider MD PhD, Emil H. Schemitsch MD, Deborah L. Sietsema PhD, Mohit Bhandari MD PhD; The EDUCATE Investigators*</p>	
Reviewer Comments	Changes Implemented
<p>Reviewer 1 – Comment #1: Dr. Jason Strelzow, University of British Columbia, Orthopaedics</p> <p>Thank you for the opportunity to review this manuscript. The following manuscript presents additional follow-up data from the previously published study from the same author group regarding the EDUCATE training program on IPV. The study evaluates the longer-term (12mo rather than 3 mo) training retention following the initial educational session. The results suggest that the EDUCATE program can lead to prolonged improvements in knowledge and confidence regarding the identification and management of IPV.</p> <p>While the EDUCATE program, training and overall message is a very important one I am unclear of the meaningful impact that this additional follow-up study provides above and beyond the initial 3 mo manuscript already published. The authors themselves specifically discuss that the next steps from the EDUCATE program should be to conduct and asses the behavioral and clinical impact of the program on patient's lives - something that the current study is not addressing. This message was found both in the original results manuscript and the current manuscript. Demonstrating retained knowledge scores and PREMIS survey improvement does not necessarily correlate to improved clinical/patient outcomes. I do not believe the current manuscript adds to our understanding of this problem nor does it generate additional answers to the issue of IPV in the orthopaedic clinic. Although interesting, the current manuscript should include clinical and behavioral information demonstrating the utility, and effectiveness of this program as well as include data on the long-term retention of the content. While I commend the authors for their work on shedding light on IPV this paper does not substantially enhance the understanding or treatment of this difficult problem.</p>	<p>Thank you for your comments and feedback on our manuscript. The EDUCATE study was originally designed with a 12-month follow-up period. Although the 12-month findings do not vary from the 3-month results, we believe it is important and our responsibility to be transparent with presenting the full study results. At the time of publishing findings from the 3-month follow-up, we were unaware as to what the results of the longer follow-up period would be.</p> <p>The main objectives of the EDUCATE study were to evaluate the champions' experiences with implementing the IPV education program, healthcare practitioners' (HCPs') level of comfort and knowledge about IPV, HCPs' level of readiness to assist IPV victims, and HCPs' knowledge utilization. Assessing the behavioral and clinical impact of the program on patient's lives was not the aim of the current study and for that reason has not been evaluated. However, as a next step, it would be beneficial to assess the behavioral and clinical impact of the program on patient's lives. We do agree that demonstrating retained knowledge scores and PREMIS survey improvement may not necessarily correlate to improved clinical/patient outcomes, but we cannot conclude this assumption without actually studying it.</p>
<p>Reviewer #2 – Comment #1: Dr. Peter C. Wyer, Columbia University, Medicine</p> <p>This reviewer was recruited to review the original submission of your paper that was later published in CMAJOpen in 2018 and is therefore familiar with your project. I continue to be impressed by the extent to which you have been able to sustain subject interest in ongoing participation across multiple care centers in the US and Canada. Under the circumstances I confine my comments to those aspects of the current report that pertain to your 12-month follow-up evaluation.</p> <p>My main suggestion has to do with the way you have</p>	<p>The immediate post-training and 3-month results have been added to Table 2.</p>

<p>presented your follow-up results. Whereas your manuscript largely emphasizes the statistical significance of the difference between your mean scores at 12 months and those at baseline, it would be much more generous to your readers if you included the immediate post course and 3 month results that you have already reported (your citation #7). Indeed, “retention” of attributable gains in the subscale scores from the EDUCATE course needs to be primarily defined relative to the post test scores, not the baseline scores. Your 2018 report reflected appreciation of this insofar as it displayed baseline, immediate post-test and 3- month scores together for each subscale. This allowed readers to assess the immediate effect of the course and also the extent that the gains were “retained” at 3 months. You need to do the same thing here and to properly define “retention” of attributable gains stemming from the course.</p>	
<p>Reviewer #2 – Comment #2: Another general suggestion pertains to the same issue. If your data base allows identification of individual scores across the trajectory of your study to date, you might consider finding ways of showing how individual scores evolved between baseline, post-test, 3 months and 12 months. With appropriate color contrasting, given that only 109 subjects completed all 4 assessments, it might even be possible to illustrate this through a linear plot of individual scores from baseline through 12 months. For example, the Y axis might be defined as the per-subject increment between baseline and post-test scores and the longitudinal points on the x axis the corresponding values at 3 months and 12 months. A plot parallel to the x axis would then reflect perfect retention of the attributable gains per subject. The result would be a somewhat dense plot; however, it would allow a reader to judge for herself the extent to which a relatively small number of subjects with extremely large gains might have skewed the overall means in a fashion that might be misleading. Of course, the absence of a control group makes it all the more important to characterize what happened within the single cohort in as granular detail as practical.</p>	<p>We have included the plot below for the actual knowledge domain of the PREMIS (primary outcome of EDUCATE study). We also prepared plots for the other nine PREMIS domains. We will include the plot below in the manuscript; however, due to space limitations, we will not include the nine other plots.</p>
<p>Reviewer #2 – Comment #3:</p> <p>ABSTRACT - P. 3, L. 15-26: This wording bypasses the importance of the relationship between 12-month, 3 month and post test scores and obliterates the impact of the course itself. In itself, it is a fairly un-interesting and un-interpretable parameter and no valid conclusions regarding “retention” of gains resulting from the course can be drawn from such data.</p>	<p>To include the 3-month results, we’ve changed the following sentences in the abstract from:</p> <p><i>“We found statistically significant improvements among participating HCPs’ actual knowledge about IPV at 12 months after training. Statistically significant improvements from baseline to 12 months were also observed for 7 of the 9 other subscales of the PREMIS. These subscales included perceived preparation, perceived knowledge, preparation, legal requirements, workplace issues, self-efficacy, and practice issues.”</i></p> <p>To:</p> <p><i>“We found statistically significant improvements among participating HCPs’ actual knowledge about IPV at both 3 and 12 months after training. Statistically significant improvements from baseline to 3 and 12 months were also observed for 7 of the 9 other subscales of the PREMIS. These subscales included perceived preparation, perceived knowledge, preparation, legal requirements, workplace issues, self-efficacy, and practice issues.”</i></p>
<p>Reviewer #2 – Comment #4:</p> <p>INTRODUCTION - P. 4, L. 31-38: This wording is also ambiguous in that it seems to be referring to an</p>	<p>We changed the following sentences from:</p> <p><i>“Our primary outcome was change in score on the survey for the actual knowledge subscale from before training to 3 months after</i></p>

<p>increment in subjects' scores at 3 months compared to baseline. A drastic decay in retention compared to post-test scores could still result in a positive increment relative to baseline.</p>	<p><i>training. Results from the 3-month evaluations were presented in a 2018 publication, which found significant improvement on the actual knowledge subscale 3 months after the training (mean difference [MD] 2.44, 95% confidence interval [CI] 1.79 to 3.09)."</i></p> <p>To: <i>"Our primary outcome was change in score on the survey for the actual knowledge subscale from before training to 3 months after training. These results, along with other PREMIS subscales, from the immediately post-training and 3-month evaluations were presented in a 2018 publication, which found significant improvement on the actual knowledge subscale 3 months after the training (mean difference [MD] 2.44, 95% confidence interval [CI] 1.79 to 3.09)."</i></p>																											
<p>Reviewer #2 – Comment #5:</p> <p>INTRODUCTION - P. 4, L. 41-43: Right-but "long term retention" has to be defined in a way that reflects the impact of the course as assessed immediately after completion of training.</p>	<p>Please refer to the previous two responses that outline the changes we've made to the text to address your concerns about the definition of "long term retention".</p>																											
<p>Reviewer #2 – Comment #6:</p> <p>METHODS - P. 5, L. 8-10: This is a substantial sample size, even allowing for the fact that only about 80% completed your long term follow up assessment. It would be nice to know how the effect, including 12-month retention (properly defined), varied across the 7 participating centers. This would be much more valuable than simply pooled average scores across all subjects and centers.</p>	<p>We have presented the 12-month mean and standard deviation for the Actual Knowledge subscale of the PREMIS (primary outcome) across sites below. We will not be including this table in the manuscript, but have added the following sentence to the Results section of the manuscript: <i>"The mean actual knowledge score at 12 months was 29.09 (SD 4.66) and ranged from 23.83 (SD 6.52) to 30.67 (SD 3.93) across the seven participating sites."</i> We will not include this information for the other nine domains due to space limitations.</p> <table border="1" data-bbox="760 919 1468 1241"> <thead> <tr> <th>Site</th> <th>Number of Participants</th> <th>Actual Knowledge at 12-Months Mean (SD)</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>26</td> <td>29.46 (4.94)</td> </tr> <tr> <td>2</td> <td>20</td> <td>29.35 (4.25)</td> </tr> <tr> <td>3</td> <td>14</td> <td>27.93 (5.88)</td> </tr> <tr> <td>4</td> <td>6</td> <td>30.67 (3.93)</td> </tr> <tr> <td>5</td> <td>28</td> <td>30.43 (2.73)</td> </tr> <tr> <td>6</td> <td>9</td> <td>27.56 (4.64)</td> </tr> <tr> <td>7</td> <td>6</td> <td>23.83 (6.52)</td> </tr> <tr> <td>All Sites</td> <td>109</td> <td>29.09 (4.66)</td> </tr> </tbody> </table>	Site	Number of Participants	Actual Knowledge at 12-Months Mean (SD)	1	26	29.46 (4.94)	2	20	29.35 (4.25)	3	14	27.93 (5.88)	4	6	30.67 (3.93)	5	28	30.43 (2.73)	6	9	27.56 (4.64)	7	6	23.83 (6.52)	All Sites	109	29.09 (4.66)
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<p>Reviewer #2 – Comment #7:</p> <p>METHODS - P. 5, L. 12-26: This would be the place to properly define "retention" as maintenance of the increment between baseline and immediate post course assessments over time, per subscale.</p>	<p>To add in the definition of retention, we changed the following sentence from:</p> <p><i>"We used a pretest–posttest study design to assess knowledge, attitudes, beliefs and self-reported behaviours."</i></p> <p>To: <i>"We used a pretest–posttest study design to assess the retention, defined as maintenance of the increment between baseline and immediate post course assessments over time, of knowledge, attitudes, beliefs and self-reported behaviours."</i></p>																											
<p>Reviewer #2 – Comment #8:</p> <p>RESULTS - P.6, L. 13-29: Obviously, these numbers will all have to be reworked once "retention" has been properly defined.</p>	<p>Numbers from the previous follow-up visits have been added to the Results questions as well as to Table 2.</p>																											
<p>Reviewer #2 – Comment #9:</p> <p>RESULTS - P. 6, L. 46-48: Once the outcomes have been properly defined and calculated, it will be of great interest to learn for which subscales, scores continued to improve over the post-test results in the absence of additional training, and why.</p>	<p>We have added a plot for the actual knowledge domain of the PREMIS at 12 months. Although all participants had access to the EDUCATE program via the www.IPVeducate.com website and received email updates, we did not capture whether or not additional training was obtained post-training. Therefore, we cannot comment on whether or not the scores would improve in the absence of additional training. The following has been added to the limitations section of the manuscript:</p>																											

	<p>"We also did not capture whether or not additional training was obtained post-training and, therefore, cannot comment on whether or not the scores would improve in the absence of additional training."</p>
<p>Reviewer #2 – Comment #10:</p> <p>DISCUSSION/CONCLUSIONS - P. 7, L. 24: It would be useful if you could report in this section whether other published training programs in IPV exist that would be relevant or have been used for ortho residents and practitioners and whether any comparative effectiveness studies of learning outcomes have included them.</p>	<p>To our knowledge, we are unaware of any other published training programs in IPV that would be relevant or have been used for ortho residents.</p>