



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	2014_IJTDH_13722
Title of the Manuscript:	Evaluation of a comprehensive training programme for tuberculosis health care providers and tuberculosis patients on screening, detection and management of diabetes – A report from South India
Type of the Article	Original Research Article

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This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

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Reviewer 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Compulsory REVISION comments	1. The study design is not clear. Its seems it's a one group pre-test-post-test design 2. How were districts (Thiruvallur, Kanchipuram, & Chennai) selected 3. Were all DOTS centres in the 3 selected districts participated in the training? What's the number of centres that had participated in the study? 4. What proportion of TB patients during the period of the training, had actually benefited from the training? 5. Was the training for the professional health care providers a one off training? Same concern for the diabetics? 6. Lines 67-69 need referencing whether of the minutes or memo that constituted the multi-speciality team 7. Why was only 100 patients completed the pre and post-test questionnaire when >2500 (see	1. Yes, it is a one group pre-test-post-test design. We have made necessary changes in the abstract and in the methodology section (Page Nos. 1 and 4). 2. These 3 districts selected represent urban (Chennai), semi-urban (Kanchipuram) and rural (Thiruvallur) TB units. 3. All the DOTS centres under the TB units in the selected 3 districts participated in the training. About 115 DOTS centres had participated in the study. 4. Approximately 6% of TB patients registered in RNTCP were benefited from the training. 5. The training and awareness programme on diabetes for the professional health care providers and diabetics respectively, was given as an off training 6. The details on expert committee and multi-speciality team meetings were enclosed for the reviewers' and editors' perusal (see Last page of the review form). 7. Many patients failed to participate in the post test. Therefore a subset of screened patients who completed both pre- and post-



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	line 117) patients have been screened? 8. There is discrepancy in the number of professional health workers trained. For instance on line 119 – 121, it was stated 1000 doctors, 310 paramedical staff and 356 health workers were not only sensitized but trained on current issues of the epidemiology and management of diabetes (line 121) while under the results (lines 152-156) it was stated 576 doctors and 177 paramedical staff and health workers “who were trained”? 9. Similar inconsistency in figures was also noted regarding the number of TB patients screened, or found to have undiagnosed diabetes (line 117) and those who completed the questionnaire (line 154) 10. Were supervisors of the STS, STLS, and TB-HV trained to reinforce the training during supervisory visits? 11. Since it was reported that the instruments used to assess the impact of the study was pre-tested, authors must state the reliability and validity of the tool such as the Cronbach alpha etc 12. What’s the reasons for the use of different tools for pre and post-test (line 134)?	test was taken into consideration for the assessment. 8. Out of 1000 doctors, 666 health care providers (310 paramedical staff and 356 health workers), a total of 576 doctors and 177 paramedical staff and health workers, who completed both pre- and post-test was taken into consideration for the assessment. Changes have been made in the methods (Lines 119 & 120) and results section (Lines 160-162) for clarity. 9. Out of 2510 patients, only 100 patients completed both pre- and post-test and was considered in the assessment process and it have led to the difference regarding the number of TB patients screened. 10. The supervisors of STS, STLS and TB-HV are the physicians in TB units and were also trained on diabetes. 11. We have performed the reliability and validity of the tool using Cronbach alpha and the details were incorporated in the methodology section under 2.4 section (Lines 128-133) 12. A single tool was used for pre- and post-test assessment. In line 134, a separate , self assessment questionnaire is mentioned to indicate different questionnaire was used to assess the impact of training on knowledge and practice respectively. We have modified the sentences under methodology section
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	13. Was the evaluation on practice based on self-reported response of doctors, other health workers and patients or an audit of records that was performed by the Researchers? Reflect in respect of lines 209-214 and table 5. 14. Since t test was performed for each domain on knowledge, there is need for mean scores and not just the overall mean score 15. Add specific limitation of the study design. As noted earlier field study is not a design. The design fits with one Group pre-test Posttest design. What's the sources of invalidity of findings of the study design? For instance, how was internal validity in terms of history, maturation, testing, instrumentation etc affected in the present study? Similarly, how could information received from other sources (after the training program and before the post test eg other workshop/seminar etc on Diabetes/TB) might have influenced the findings of this study? What's done to reduce the effects of variables within and outside the training program that might have synergistic interactions with the outcome variable of interest (knowledge and practice)?	(see Lines 142-145) 13. Yes, it was based on the response of doctors and health care providers of each TU. For clarity, the changes have been made in the lines 147-149. 14. Paired t test was used only to determine the statistical significance for average score whereas Chi square was performed for each domain. Changes are made in the footnotes of Table 2, 3, and 4. 15. Necessary changes have been done as per the suggestion in the discussion (271-273) During the period of study, there were no reports for the conduct of such workshop/seminar, etc. on Diabetes/TB in TB units. The possibility of extraneous effects on the outcome with the outcome variable of interest (knowledge and practice) is very limited.
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	16. Lines 268-274 should be moved to under the title conclusion (line 275). 17. Lines 276-280 should be suggestions for future research and not as a major limitation of the study because the overall objective of the study is NOT to compare treatment outcomes of TB cases among trained versus untrained staff rather to assess the impact of training program on the knowledge and practice of health workers on diabetes screening and management among TB cases. The limitations of the study must be focussed on the pros and cons of the study design as raised above (see comment number 14 above) 18. The title of the study need to be revised. Suggested title as follows: Effect of training intervention on the screening and management of diabetes in tuberculosis treatment centres in Southern India	16. As per the reviewer's suggestion, the changes have been made in the lines 271-273. 17. As per the reviewer's suggestion, the changes have been made in the lines 280-285. 18. As per the reviewer's suggestion, the title has been modified to "Effect of a comprehensive training programme for tuberculosis health care providers and tuberculosis patients on diabetes – A report from South India".
<u>Minor</u> REVISION comments		See below "Details of the expert committee and multi-speciality team meetings"
<u>Optional/General</u> comments		

Date	Particulars of the meeting conducted
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11.05.10	1st Steering Committee Meeting at M.V.Hospital for diabetes, Chennai with Dr.NaliniKrishnan,and Dr.Ramya NGO, REACH.
18.08.10	2nd Steering Committee held along with Dr.Chinnaswamy - S.T.O and Dr.Rajan –WHO RNTCP Consultant
25.10.10	3rd Steering Committee meeting held at TRC with Dr.Anil Kapur and Dr Emillie Kristin - WDF - Dr.Vijay Viswanathan, Dr.Anil Kapoor, Dr Emille Kristin,Dr SriVidhya, Dr.Rajeswari, Dr.Maki, WDF team Meeting with Dr.Anil Kapoor (Country Director) and Dr.Emillie (project Coordinator-WDF-Denmark)
20.11.10	4th Steering Committee meeting with Dr. Nevin C Wilson, Dr. Kumaraswamy,Dr. Srinath , Dr. Jerard from South East Asia Regional Office Members (International Union against Tuberculosis and Lung disease) and multispeciality team at M.V.Hospital for diabetes, Chennai

Details of the expert committee and multi-speciality team meetings