

## PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

### ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	Evaluation of learning from Practical Obstetrical Multi-Professional Training and its impact on patient outcomes in Australia using Kirkpatrick's method: A mixed methods study
<b>AUTHORS</b>	Kumar, Arunaz; Sturrock, Sam; Wallace, Euan; Nestel, Debra; Lucey, Donna; Stoyles, Sally; Morgan, Jenny; Neil, Peter; Schipalius, Michelle; Dekoninck, Philip

### VERSION 1 – REVIEW

<b>REVIEWER</b>	Jens Langhoff-Roos Dept. Obstetrics, Rigshospitalet, University of Copenhagen, Denmark
<b>REVIEW RETURNED</b>	28-May-2017

<b>GENERAL COMMENTS</b>	<p>The authors declare no conflicts of interest. However, they are heavily biased from their involvement in the PROMPT program. They found no improvement in clinical outcome. Possibly, the increased rate of shoulder dystocia might be an adverse effect of the training. Still, they argue that this resource demanding program (PROMPT) should continue.</p> <p>They might reconsider and discuss if other measures - such as a more thorough understanding of the physiology at the individual level and/or blame free audit of cases (random or adverse events) could be an alternative to improve outcome.</p>
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<b>REVIEWER</b>	Carl P. Weiner MD MBA KE Krantz Professor and Chair Obstetrics and Gynecology University of Kansas School of Medicine United States I am the North American Director of PROMPT. However, I have no financial interest in PROMPT nor do I have any relationship with the Victoria team.
<b>REVIEW RETURNED</b>	20-Jun-2017

<b>GENERAL COMMENTS</b>	<p>The authors lament in their Discussion the absence of clinical proof of efficacy. However, they missed one of the larger ones, supports several of their observations and should probably add it for completeness: Multi-professional training for obstetric emergencies in a U.S. hospital over a 7-year interval: an observational study. Weiner CP, Collins L, Bentley S, Dong Y, Satterwhite CL. J Perinatol. 2016 Jan;36(1):19-24. doi: 10.1038/jp.2015.136. Epub 2015 Oct 29. PMID: 26513456</p>
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## VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Reviewer Name: Jens Langhoff-Roos

Institution and Country: Dept. Obstetrics, Rigshospitalet, University of Copenhagen, Denmark

Competing Interests: None declared

1. The authors declare no conflicts of interest. However, they are heavily biased from their involvement in the PROMPT program.

Response: We thank the reviewer for this remark. We have added a statement regarding the authors' involvement in PROMPT: 'The PROMPT program at Monash Health is supported by funding of the Victorian Managed Insurance Authority (VMIA), the public hospital insurer. VMIA had no role in study design, data collection and analysis, or manuscript preparation. The authors are involved in the delivery of PROMPT at their hospital but have no financial involvement.'

2. They found no improvement in clinical outcome. Possibly, the increased rate of shoulder dystocia might be an adverse effect of the training. Still, they argue that this resource demanding program (PROMPT) should continue.

Response: We appreciate the reviewer's concern regarding the increased rate of shoulder dystocia. We speculate about that this could be related to the nationwide increase in maternal BMI, but we also suspect that this might reflect an increased awareness. The training program aims to manage obstetric emergencies such as shoulder dystocia when they occur so it seems difficult to understand why the occurrence of shoulder dystocia might be related to the current program. As for continuing PROMPT, despite no clear differences in clinical outcomes, we feel that improved staff confidence and up-skilling of procedural and non-technical skills provides enough basis to incorporate this training into our professional development program.

3. They might reconsider and discuss if other measures - such as a more thorough understanding of the physiology at the individual level and/or blame free audit of cases (random or adverse events) could be an alternative to improve outcome.

Response: We thank the reviewer for these valid points and have added these to the discussion.

Reviewer: 2

Reviewer Name: Carl P. Weiner MD MBA

Institution and Country: KE Krantz Professor and Chair Obstetrics and Gynecology, University of Kansas School of Medicine, United States

Competing Interests: I am the North American Director of PROMPT. However, I have no financial interest in PROMPT nor do I have any relationship with the Victoria team.

1. The authors lament in their Discussion the absence of clinical proof of efficacy. However, they missed one of the larger ones, supports several of their observations and should probably add it for completeness:

Multi-professional training for obstetric emergencies in a U.S. hospital over a 7-year interval: an observational study.

Weiner CP, Collins L, Bentley S, Dong Y, Satterwhite CL.

J Perinatol. 2016 Jan;36(1):19-24. doi: 10.1038/jp.2015.136. Epub 2015 Oct 29. PMID: 26513456

Response: We thank you for this valuable reference. This has been discussed and added to the text.