

## **Author's response to reviews**

**Title:** Ready for goal setting? Process evaluation of a patient-specific goal-setting method in physiotherapy

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**Version: 2 Date:** 16 Aug 2017

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BMC Health Services research. BHSR-D-17-00162  
**Title:** Ready for goal setting? Process evaluation of a patient-specific goal-setting method in physiotherapy.  
Dear editor and reviewers  
We thank you for the valuable comments and the opportunity to revise and improve our manuscript. We have adjusted our manuscript according to your comments and suggestions. Below please find the specific responses to each item of your comments.  
During the review procedure of this manuscript we have changed the name Patient Specific Complaints method 2.0 (PSC 2.0) into Patient Specific Goal-setting method (PSG). This was done on the advice of the reviewers of the (recently published) article, in which the development of the PSG is described. We think that the name 'PSG' more reflects the aim and content of the method and emphasizes the difference with the original PSC instrument. Anita Stevens, PT, MSc, corresponding author  
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REVIEWER 1  
General Comments  
This paper addresses the important issue of improving patient management through the use of patient-centered care. The authors have explored the value of using a modification of the existing PSC (Patient-Specific Complaints) tool to encourage such behavior in physiotherapy practice. The PSC2.0 adds 2 steps to the 4 already present in the PSC. The new steps address goal setting and treatment planning. The aim of the current research is clear in the abstract but that clarity is lost in the body of the paper. Thank you for your comment on this major point. We have revised the manuscript.  
1. There the stated aim is to assess the success or failure of the PSC2.0; however, neither success nor failure is defined. The specific objectives are loosely worded questions that generally relate to the aim. This makes it difficult to determine whether the methods are appropriate and to put the results in context. As a result, the discussion section of the paper lacks insight and the conclusions don't fully describe the results. Thank you for your feedback. This study focused on two aims: to examine the feasibility of the PSG by means of a process evaluation, and to explore the potential impact of the new method. We have described the aims of the study in more detail and tried to be more consistent in using the same wording. The discussion has been changed accordingly.  
2. The paper would benefit from significant revisions beginning with a clear statement of purpose(s) and directly linking specific aims to it. To me, it appears that

the authors want to assess the feasibility of adopting the PSC2.0 in clinical practice as stated later in the paper. This would require assessing the barriers and facilitators to doing so. Currently the method of doing this is not clearly articulated. We revised the text and have linked the research questions separately to the two aims of the study as described in item 1. The feasibility was examined by means of a process evaluation with the research questions: a. the extent to which the method is used, b. the satisfaction of the patients with the method, and c. the physiotherapists' experiences with the PSG. To make the assessments of the process evaluation more clear, we have further elaborated on the Saunders' elements of process evaluation in the method section: variables and data collection. 3. The authors also mention that they are interested in determining the impact of adopting the new tool. The authors will need to define 'impact' before it can be evaluated. The current data does not allow them to assess whether patient outcomes improve after adoption of the PSC2.0. Instead the data focus on therapists' attitudes about increased attention on patient-centered care. We have formulated the second aim of the study into: 'to explore the potential impact of the new method. Therefore we focussed on the physiotherapists' intention to use the PSG, the actual use of the PSG, and their client-centred competences, as stated in research question 2. This study did not focus on the improvement of patient outcomes. 4. The paper also describes changes in therapists' use of the PSC2.0 steps pre- and post-training and describe this as an increase use of the PSC2.0. This seems erroneous. Apparently the PSC2.0 was not used prior to the training sessions so to me, the pre-/post-training assessment evaluates the effectiveness of the training on therapist skills that may be affected by a number of barriers unrelated to therapist ability. Thank you for attending to this issue. The physiotherapists did not use the 'new' PSG before the training, but they did use the original PSC instrument. The increased use refers to the 'new elements' of the PSG, namely step 4 and 5, and informing patients and involving them in treatment planning. We have clarified the 'actual use' of the PSG in the methods section and adapted this in the discussion. 5. The data analysis plan and results section should be clearly linked to the aims and specific objectives. To this end, each objective should address a single topic. Currently both objectives 2 and 3 each include two different topics. For instance. Objective 2 examines patient satisfaction and physiotherapists' experiences with PSC2.0, which are very different issues. According to your suggestions we have reformulated the research questions. see also item 2 and 3. 6. The purpose of the discussion section in any paper is to offer an explanation for the results. In some cases, in this paper the discussion merely restates the results. Again, it is helpful to link the discussion to the aims of the study as a way of keeping the ideas focused. Currently some valuable insights about issues affecting the results appear in the 'Strengths and Weaknesses' section without a clear explanation of how they impact the study findings. Making these suggested changes will affect the conclusions for this research. Thank you for your feedback. We have changed the discussion and conclusion according to your suggestions. Specific Comments 7. The rationale for the study design should be presented. Some of this information currently appears in the 'Strengths and Weaknesses' section of the paper. A process evaluation is recommended before studying the effect and large-scale implementation of a new method. We have added the rationale of the study design –process evaluation, in the introduction. We have moved the rationale for the operationalization of the elements for process evaluation, from the discussion to the method section in the paragraph variables and data collection. 8. The study protocol is unclear and incomplete. For instance, the reader is unaware of the "pre" assessment of the therapists' use of the PSC2.0 until it is discussed in 'Variables and Data Collection' that appears after the intervention is described. An overview of the protocol that describes all the study activities as they occur sequentially would be helpful. We have rewritten the 'design' and 'variables and data collection' paragraph and hope that the study