

## **Reviewer's report**

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

**Version:** 0 **Date:** 26 Mar 2017

**Reviewer:** Gail Dechman

### **Reviewer's report:**

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 behaviour 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. 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. 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. 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. 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. 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. 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.

Specific Comments The rationale for the study design should be presented. Some of this information currently appears in the 'Strengths and Weaknesses' section of the paper. 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. The description of participants and how they were recruited is incomplete. It is important to note that physiotherapists and patients are participants in this study. Recruitment information for both should be included as well as information regarding how consent was obtained. The latter is only partially explained at the end of the 'Data Collection' section. It is unsettling that Page 9 of the manuscript states "Patients were asked by the physiotherapists whether they would be willing to have a session recorded; this was done during the training course (for peer feedback) and as part of the process evaluation. This appears to be inappropriate coercion to participate in the research. Information such as a definition of community-based practice, how practices were identified for recruitment efforts, who distributed the invitation to participate and how that was done, when credit for participation was introduced to participants and at what point credit was awarded is needed to fully characterize the physiotherapist participants. A clearer description of the criteria for patient participation are needed. Also, a description of how physiotherapist and patient data was anonymized should be included. Presumably this was not possible for those taking part in videotaped sessions and if so, this should be acknowledged. The rationale for the number of physiotherapists and patients/patient files included in the study should be discussed. The description of the outcome measures is fragmented and this makes it difficult to understand what is being assessed and whether it is appropriate. Tables with specific assessment criteria are not identified until the results section of the paper. It would be very helpful if these were identified in 'Variables and Data Collection'. There is no information about the meaning of the question, 'How satisfied are you about the conversation with the physiotherapist about your problems and treatment'. Patients could be commenting on different aspects of the conversation - was the physiotherapist sympathetic, which is good but lacked an appreciation of the problem, which is not desirable. There is no guide as to what the patient should be rating. Similarly, there is no guide for the physiotherapist reflection part of Question 2. The 7 items to assess client-centered competencies in question 3 are not available for review. The data analysis plan should provide a better description of the process of assessing internal consistency for the items in Question 3. Also,  $\alpha$  was set at  $>0.6$ . The low end of this range is not particularly stringent. More attention to presenting the study results with as much precision as possible would be helpful. For instance, the authors say that "two independent assessors agreed on the majority of the files" assessed to answer question 1. A majority could be 51% or 90% and the implications for interpreting the results are significant. The authors state that the measurement instruments were pilot tested; therefore, it is surprising that the research assistants had quite a difficult time determining the presence/absence of Steps 4 and 5 in the PSC2.0. The authors refer to scoring treatment goals but this is never explained. The accuracy of the data about 'Actual Use' in Table 4 should be confirmed. It would be helpful to know whether criteria for meaningful changes in addition to statistically significant ones are available for the data in this table. The discussion needs to include a more in-depth assessment of the issue of the conflicting results between physiotherapists self-perceptions of their use of the PSC2.0 and the behaviours observed on the videotape and in patients' files. This is an important matter that deserves serious reflection about the causes and the implications for practice and future research. The authors use the term 'main steps' to distinguish steps 1-3 in the PSC/PSC2.0 from steps 4-5. This is problematic as it suggests that the latter 2 are less important and yet they are the specific modification that characterizes PSC2.0. More insight into the strengths and particularly the weaknesses of this research is warranted. The effect of things like missing data, the fact that Step 6 in the PSC2.0 was

not assessed, lack of blinding of videotape assessors, the heavy weighting of self-assessed performance and opinion on the study results should all be addressed. Minor Comment-Improvements in word use would improve the clarity of the document. Table 4 should be revised so that use of decimal places is consistent. According to Table 1, physiotherapists' reflections were not assessed and yet the data from the assessment is presented in the results section. References to 'Appendix' should be replaced by 'Online Supplement'.

**Are the methods appropriate and well described?**

If not, please specify what is required in your comments to the authors.

No

**Does the work include the necessary controls?**

If not, please specify which controls are required in your comments to the authors.

Yes

**Are the conclusions drawn adequately supported by the data shown?**

If not, please explain in your comments to the authors.

No

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If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I recommend additional statistical review

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