Author's response to reviews

Title: Enhancing field GP engagement in hospital-based studies. Rationale, design, main results and participation in the Diagest 3-GP motivation study.

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Author's response to reviews: see over
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Re: Resubmission of manuscript No. 4942508876171573

Dear Prof McKinley,

Please find attached the revised version of our manuscript “Enhancing field GP engagement in hospital-based studies. Rationale, design, main results and participation in the Diagest 3-GP motivation study,” which we would like to resubmit for publication in *BMC Family Practice*.

We thank you for your insightful comments, which we feel have enabled us to greatly improve the quality of our manuscript. In the following pages, we have given point-by-point responses to each of your comments.

The main revisions in the text are highlighted in yellow. Please note that we have added information to Figure 1 to clarify our study participant distribution, including adding the control group on the lower right-hand side. The text in the manuscript describing this control group has also been modified. This should remove any remaining confusion regarding our study design, especially with regard to the 90 vs. 117 questionnaire responses returned. We hope that the revisions to the manuscript have addressed your comments and that our manuscript is now suitable for publication in *BMC Family Practice*.

We look forward to hearing from you at your earliest convenience.

Yours sincerely,

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Responses to the comments of the Editor

Line 51: would “understand” instead of “predict” reflect the aims expressed in lines 122 to 125 more closely?
Response: Either “understand” or “explain” fits better with the aims; we have changed the text to “understand.”

Lines 130 to 132: Do you have an explanation for why your raised this hypothesis? Did it come from the literature or from original thinking? If from original thinking, I don’t understand why you raised the hypothesis and it would help if you could briefly describe it. I don’t think it adds a great deal to the paper and could be dropped.
Response: Our hypothesis was based on the literature (Robert Cialdini, 1978). We have moved the citation (which had appeared later in the text) from 14 to 2, and added an explanation of why we raised the hypothesis. We also renumbered the citations accordingly.

Line 187: Omit “the” in “by the 2 researchers”
Response: We have removed “the” from the phrase.

Lines 198 to 199: I don’t understand what you mean by the sentence starting “Consensus concerning”
Response: We have rephrased the sentence to read, “Profiles were defined by consensus among the research team.”

Lines 213: Was the CFR attached to all the questionnaires?
Response: Yes, the CRF was attached to all questionnaires sent to the enrolled GPs, and we have added the word “all” to clarify this. Only the questionnaires sent to the control group did not have attached CRFs.

Line 332: I don’t understand the figures: in the text you state that 117 questionnaires were returned but in figure 2 that 90 questionnaires were returned. I need to understand why the numbers are different.
Response: Figure 1 has been modified to illustrate how the returned questionnaires from the study group (n=90 of 157 sent) and from the control group (n=27 of 37 sent) were pooled, for a total of 117 returned questionnaires; this was done to avoid a bias of population difference in GPs of patients who didn’t complete the main study and GPs of patients who did. In the end, there appeared to be no significant difference (which we plan to report in our next manuscript) and the questionnaires were pooled to describe the distribution of GPs in our profile analysis. We have added 2 paragraphs to the Methods section and the Results section to more clearly describe this point.

Line 335: I do not understand “ground-based approach”. Do you mean “grounded approach”?
Response: Yes, you are correct. The manuscript has been amended.

Line 337: Would “overlap” or “overlapping” be better than “intermediary”?
Response: Again, you are correct, and the manuscript has been amended.

Lines 372 to 373: You state that 90 questionnaires returned rather than the 117 you mention in line 332. Which is correct? If they refer to different populations of questionnaires we need to understand the difference.
Response: In this section, we have clarified that 90 of the 157 questionnaires sent to the study group with a CRF (Figure 2) and 27 of the 37 questionnaires sent to the control group without a CRF (Figure
3) were returned, for a total of 117 returned questionnaires that were subsequently pooled to describe the GP profiles.

Line 373: I would round the percentage to 52%
Response: Done.

Line 383: I don’t understand where this group of 35 GPs came from and what the percentage is of.
Response: This group of 35 GPs represent those of the 81 GPs who sent back both the questionnaire and the completed CRF who were still in charge of the patient. We have modified the sentence to clarify this point.

Lines 418 to 420: That the interviewers were GPs is important and should be included in the methods. Also that they were “blind” to the original study should be in the methods.
Response: We have highlighted this point in the Methods section, under “Step one…” and “Data collection.”

Line 425: I do understand “lack of liability”.
Response: This was supposed to read “lack of reliability,” and the manuscript has been amended.

Line 432 on: This is important but I feel reflects your questionnaire structure which as you say quite rightly is theoretical but I am not surprised that it was not borne out in practice. Although it is beyond the scope of this paper as written, it would be interesting to subject the data to a factor analysis to see whether there are sub-scales within the questionnaire and whether they match the pragmatic “3 scale solution” you have arrived at. Your existing dataset is small and the solution is likely to be unstable but it would be (albeit weak) evidence to support the validity of your constructs. I would encourage you to do so in future work.
Response: We have added 2 sentences to address this point and acknowledge the need to conduct factor analyses in our future studies on this topic.

Line 466: I totally agree that GPs should be involved in the design of studies such as Diagest 3 and would encourage you to do so. However, I don’t think this conclusion is supported by your data and not alluded to in the rest of the paper.
This could be addressed by mentioning that GPs should be involved in the design of such studies in the paragraph starting on line 449.
Response: We removed the link between early involvement of GPs in the study and GP motivation. The link between late involvement and feeling of exclusion is supported by the data.

And finally, in the supplementary table 1, please expand the heading of the 4th column (Cont. educ.)
Response: Done: “Continuous education”.