Reviewer's report

Title: The nexus of evidence, context, and patient preferences in primary care: postal survey of Canadian family physicians

Authors:

C SHAWN Tracy (shawn.tracy@sw.ca)
Guilherme C Dantas (gui.dantas@utoronto.ca)
Rahim Moineddin (rahim.moineddin@utoronto.ca)
Dr Ross EG Upshur (rupshur@idirect.com)

Version: 1 Date: 9 Jun 2003

Reviewer: Fred Tudiver

Level of interest: A paper of considerable general medical or scientific interest

Advice on publication: Unable to decide on acceptance or rejection until the authors have responded to the compulsory revisions

This manuscript describes a national cross-sectional study of 431 family physicians all of whom were members of the College of Family Physicians of Canada (CFPC). The study questions included: determining the relationships of attitudes towards EBM, various "contextual factors" and clinical-decision-making scenarios; investigating factors that contribute to the clinical decisions in these scenarios.

INTRODUCTION
The authors very briefly reviewed the literature on the topic of the impact of EBM on primary care. However, they did not summarize the rather rich literature on the influence of various physician- and patient-related factors on clinical-decision making behavior. For example, there are a number of peer-reviewed papers that have described the strong influence of patient expectations and demands and patient anxiety on screening and therapy decisions, that often appear as or more influential as published guidelines and recommendations. We should see this sort of summary in the Introduction and/or the discussion sections.

METHOD
The setting and subject selection are well described. The authors relied on the CFPC for the random selection; the CFPC is known for its high quality and up-to-date database. Inclusion/exclusion criteria were described and utilized; the reasons for all excluded subjects were well described. The authors described the contents of their survey measure in sufficient detail. They also described the pilot testing of the measure, and alluded to some of the development (the 1st section was adapted from a British measure), but I cannot tell how the 2nd and 3rd sections were developed. For example, how/where did they get the items for these 2 sections?

There was no description of the analysis strategy for the data, but there are sufficient details within the Results. It is not mentioned how and why they chose the "target" number of 1134 subjects, as they did not name a primary outcome measure, and there was no mention of statistical power or an "N" calculation. More details of these matters would very much help the reader.

RESULTS
The response rate for a 4-step mailed survey was only 42%. This is rather low, the authors do
acknowledge that it was low, but I did appreciate the comparison of some demographic characteristics of responders with non-responders. However, defenses aside, anything lower than 60-65% is considered low by most journals today. I would also like to know if the sample was representative of the CFPC membership. And, did they ask whether respondents were certificants or not? This could be interesting, and even provide another way to analyze the data (certificants versus non-certificants) as there is a literature indicating certain practice differences between these 2 groups of FPs.

The sampling figure is not needed; all the authors have to do is provide a single sentence of detail for the “deletions”. The tables are very clear and help the reader throughout.

DISCUSSION
The clinical significance of the findings was well described at the start of this section. I would challenge the authors' comment (page 7, 2nd paragraph, lines 5-7) about a “disconnection between physician attitudes and day-to-day clinical practice”. I believe their data did not indicate a disconnection, but a deeper, more complex explanation of the determinants of provider behavior - determinants that have been described in the literature in this manner.

The discussion was well written and clear. However, as I stated above, only some of the relevant literature was discussed. They need to bring in the work on the influence of various physician- and patient-related factors on clinical-decision making behavior.

CONCLUSIONS
The conclusions were supported by the data in the study, and they appropriately repeated the answers to the authors' research questions.

Competing interests:
None declared.