Author's response to reviews

Title: Diffusion of an e-learning programme among Danish General Practitioners: A nation-wide prospective survey

Authors:

Frans Boch Waldorff (fbw@gpract.ku.dk)
Annette Plesner Steenstrup (APS@dadl.dk)
Bente Nielsen (bente.nielsen@dadlnet.dk)
Jens Rubak (jmr@dadlnet.dk)
Flemming Bro (fbro@alm.au.dk)

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Author's response to reviews: see over
Dear editor,

We hereby resubmit our manuscript. We have addressed the four concerns in the following way. Our changes are shown in red:

-Please discuss as a limitation the low number of users and the effect this may have had on the behaviour observed

According to the diffusion of innovation we assume that the participant are early adaptors and thus, may not be considered as a representative group of Danish GPs. This is supported by the finding that the ELP users are more often members of the College of General Practitioners. We can therefore expect that the responses regarding performance (Table 2) may score higher than average Danish GPs.

-Please comment on whether the results of your study can be generalised.

In accordance with other studies, we used log-files from the ELP software provider as an outcome measure [21]. This methodology ensures that our data are complete and correct and that the proportion of participants can thus be considered to be accurate. Thus, we believe that this result could be generalised in a Danish setting. Danish general practices were computerized at an early stage and Danish GPs are probably at least as prone to use information technology tools such as ELP as GPs elsewhere.

-Please clarify what sorts of "tailored implementation strategies" you have in mind in the discussion of your study's implications

One reason may be that the mailed letter did not evoke the GPs attention. Another reason may be that the ELP did not appeal to the GPs or a lack of perceived need for CME in dementia. An active implementation strategy could have included emails with direct link to the ELP or small group CME activities. Some GPs may prefer written material or courses as a tool for learning. The low figure may also be due to the new technology that ELP represent. Trying a new technology may be considered as a barrier [13].
Improvement in the handling of dementia in general practice faces the same barriers as other implementations initiatives: lack of perceived requirement for change; costs; poorly designed implementation; inadequate technology. However, a precondition for improvements is that the GP knows about dementia and how to diagnose it. This ELP aimed at providing the GP with such knowledge and perhaps is 5% a realistic aim for such a mass strategy and reflect the proportion of GPs who are interested in the clinical area and also find the ELP as a learning method fits their learning profile. Previous studies have only considered targeted strongly motivated groups of professionals [16-22] or internet traffic at a web site [23].

Different barriers may be present in different settings at different times. If the implementation methods are tailored to overcome the obstacles, then change may be more likely to take place. In order to identify the obstacles in this present setting an initial survey could have been initiated before the launching of the ELP. This could possibly have improved the implementation strategy and the subsequent number of users.

-Please include a justification for using 'a passive dissemination' strategy, as this was likely to lead to low uptake.

This was the first ELP introduced to Danish GPs and the user rate may increase in the future, when the GPs become familiar with this technology. The dissemination and promotion of the ELP was planned and implemented independently of this study. However, this study underscores the need to identifying barriers and plan implementation strategies accordingly.

We hope that our revisions address the concerns.

Yours sincerely

Frans Boch Waldorff