Author's response to reviews

Title: Development of a questionnaire to evaluate primary care practitioners' confidence and knowledge in managing chronic kidney disease.

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Author's response to reviews: see over
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Dear Reviewers

We thank you for your comments. We have addressed your concerns in the order they appear. Please let us know if you require further information.

Response to reviewer 1.

1) The authors report that 57 surveys were returned (in text and figures 1 and 2), but table 2 and 3 each have 60 people. Why is there this discrepancy? What is the correct number of participants? I apologize for not noting this detail in earlier versions.

**Author’s Response**

Thank you. Quite correct. In an earlier version we have the correct version of the table. We insert the correct tables. The number is 57 returns.

2) Similar to above, the text states there were 27 GPs who returned the survey, but table 1 has 31 GPs. Again, please review the discrepancy.

**Author’s Response**

Thank you. In an earlier version we have the correct version of the table. We insert the correct tables. The number of GPs returning is 27.

The tables have been amended with the correct earlier versions.

Minor:

3) I would strongly suggest using a bibliographic program such as Endnote, Refworks, or Reference Manager. Many of the prior issues noted in the last review were resolved, but there are at least 10 citation numbers throughout the manuscript which are placed as text without superscript. In addition, the format of the references at the end of the manuscript is not consistent, including lacking journal and page numbers on reference 4, 29, and 33 among other issues.

**Author’s Response**

Many thanks we have corrected these issues.
The authors have made modifications regarding with previous recommendations in the title and purpose of the study and presentation of results. However, there are serious inconsistencies between the article and the questionnaire that objectively are show in the following table.

Review article Questionnaire Reference study

Title. Development of a questionnaire to assess practitioners’ confidence and knowledge in managing chronic kidney disease.


Author’s Response

We agree there is some confusion here. These are separate trials from our paper. Please see response to this below.

We have amended the name and mentioning of the questionnaire to include knowledge.

Name:

Clinician Confidence and knowledge Questionnaire (CCQ). Is knowledge excluded? We apologise it is not excluded.

Name: Quality Improvement in Chronic Kidney Disease - Confidence and Competence Knowledge Questionnaire (QICKD-CCQ).

Author’s Response

Thank you for pointing this out. Competence has been removed.

Confidence and Competence vs Confidence and Knowledge?

Author’s Response

Thank you it is confidence and Knowledge.

Name: Cluster randomised quality improvement interventions in chronic kidney disease (QICKD; ISRCTN56023731).
Objective.

In the Background: to assess practitioner confidence and knowledge in assessing CKD compared to others chronic cardiovascular diseases.

Author’s Response

Thank you we have amended the introduction to reflect the background.

In the Introduction. To measure confidence and knowledge in managing CKD and comparing it to the management of other chronic cardiovascular disease.

Objective.

How confident and knowledgeable are General Practitioners & the Primary care team in managing Chronic Kidney Disease (CKD).

This questionnaire is part of a multi-centre study that aims to test the effects of two quality improvement interventions against usual practice on the quality of management of CKD. The primary outcome measure of this study is the control of systolic blood pressure among patients with CKD.

Author’s Response

Thank you. We feel this paper has one objective. To develop a reliable instrument to assess primary care practitioner confidence and knowledge in management of CKD compared to other chronic cardiovascular diseases. We feel this includes CKD itself as well as diabetes and hypertension. We also explicitly state this questionnaire is then to be used in a study as a reliable instrument to assess that confidence and knowledge in practitioner’s involved in a larger registered trial (QICKD; ISRCTN56023731). We apologise if we had not made this clear.

1. The table shows that there are serious inconsistencies between the article and the questionnaire: Title, purpose and name of the questionnaire are different in the article and in the questionnaire available online site.

Author’s Response

Thank you. We have updated our website to reflect the paper.

2. There are differences in the objective and name of the questionnaire in different sections of the article (title, background, introduction, and conclusions). This has been addressed- we have stuck to confidence and knowledge.

Author’s Response

Thank you for pointing this out. For the avoidance of doubt the title is
Questionnaire: **Evaluating Primary Care Practitioners’ confidence and knowledge in managing chronic kidney disease**

We believe this addresses the reviewer’s concerns about inconsistencies in referring to confidence alone, removes the mentioning of competence, and adds in clarity on knowledge.

Comments: The relevance of reference article is on occasions greater than the questionnaire itself. This is reflected in the conclusion and title of the questionnaire. This creates confusion in the reader, should be a clear separation between the objective of the questionnaire (review article) and the reference study. For example, the following considerations increasing confusions.

- Background section. Cluster randomised quality improvement interventions in chronic kidney disease (QICKD; ISRCTN56023731).

**Author’s Response**

Thank you. We have deleted the second mentioning of the clinical trial registration number as this is confusing.

- Background conclusions. The QICKD-CCQ is a reliable instrument for measuring confidence and knowledge among primary care practitioners on CKD management in the context of UK primary care. [Clinical Trials Registration: ISRCTN56023731].

- The QI-CKD study was approved by the National Research Ethics Service’s Oxford Research Ethics committee and is a registered clinical trial (ISRCTN56023731).

**Author’s Response**

Thank you we have amended this paragraph to state clearly the difference:

*This questionnaire development does not require ethical approval, however the questionnaire will be used as part of the QI-CKD study which was approved by the National Research Ethics Service’s Oxford Research Ethics committee and is a registered clinical trial*

We have also added knowledge in at all points to ensure consistency.

For example:

The CCQ instrument should be added to the armamentarium of improvement tools and confidence *and knowledge* measures in primary care practitioners for the assessment of confidence in chronic kidney disease, hypertension and diabetes.

7. There is wrong data in the description vs table 1 and previous version vs Fig 1 and 2 (see figures in the current article); ¿What is the reason?

Roles (current version) Table 1 (current version) Previous version Absolute sent out: 78 N 79 N 78 GP (47.4%, n= 27) 31 (75.6 %) 27 (47.4%) Total Round 1 60 57
Total Completed round 60 54

8. There are wrong data in the description vs table 2: "There were more female respondents (64.9%, n=37) than male (35.1%, n=20)". These data correspond to the previous version.

Author’s Response

Thank you. This was mentioned by reviewer 1. We have corrected the data and reverted to the earlier version. We apologise but the data was incorrect in the last version submitted.

• The QICKD Clinician Confidence and knowledge Questionnaire (CCQ).

9. Supplemental Table 5 Correlation Matrix: please see additional file 2: What is the objective to show this table?

Author’s Response

This was included as it was requested by the previous two reviewers in order to further demonstrate the reliability of the instrument.

10. The final objectives proposed by the authors are inconsistent with the main objective (develop developing a valid questionnaire to measure confidence and knowledge). For example, they propose to compare the confidence of practitioners in controlling systolic BP in patients with CKD with than in patients with hypertension alone.

10. Discussion (Principal findings). All the inconsistencies mentioned previously, affect the main result that shown in the discussion. For example: The QICKD Clinician Confidence Questionnaire (CCQ) appears to be a reliable instrument in testing confidence in the management of CKD, hypertension and diabetes, but the questionnaire is a reliable instrument for measuring confidence and knowledge among primary care practitioners only on CKD management in the context of UK primary care. Therefore, the discussion should be carefully revised based on the comments referred.

Author’s Response

Thank you. We feel we have addressed the inconsistencies and as a result the paper reads much better and is more consistent.

5. Others considerations. • References. Some references are incomplete and there are some errors on the redaction paper.

Author’s Response
Thank you we have addressed these as per reviewer 1 comments.

Yours Sincerely

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