Author's response to reviews

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

Authors:

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Version: 4
Date: 29 March 2014

Author's response to reviews: see over
Development of a questionnaire to evaluate practitioners' confidence and knowledge in primary care in managing chronic kidney disease
Mohammad Tahir, Simon Hassan, Simon de Lusignan, Lazza Shaheen, Tom Chan and Olga Dmitrieva

Dear Editor Please note our responses. We hope this satisfies your requirements.

Editorial Request:

1. The authors do not appear to have responded to the comments of reviewer 2. These should be addressed prior to the manuscript being accepted for publication. The comments made by reviewer 2 have been added below.

The section in the Methods referring to final layout and changes made to the Likert scale (page 9, paragraph 1) remains difficult to understand and should be clarified.

The focus groups found our initial ordering difficult with some participants “flipping” the Likert scale. In other words participants felt that ‘5’ should represent very confident and ‘1’ not confident at all. We therefore accepted their recommendations.

I anticipate that the paper will be accepted for publication once these points are addressed.

Major Compulsory Revisions:

1. Table 1: Greater Locum GP responses in round 1 than the number sent out, please clarify if this is correct

Thanks we refer to our earlier submission. A translation error occurred where a locum had been reclassified as a trainee. In other words the new table should show 6 trainees and not 7.
<table>
<thead>
<tr>
<th>Roles</th>
<th>Absolute sent out</th>
<th>Completed Round 1</th>
<th>Completed both Rounds</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP</td>
<td>41</td>
<td>27 (47.4 %)</td>
<td>25 (46.3%)</td>
</tr>
<tr>
<td>Locum GP</td>
<td>8</td>
<td>8 (14.0%)</td>
<td>8 (14.8%)</td>
</tr>
<tr>
<td>Trainee GP</td>
<td>6</td>
<td>6 (10.5%)</td>
<td>6 (11.1%)</td>
</tr>
<tr>
<td>Nurse</td>
<td>23</td>
<td>16 (28.1%)</td>
<td>15 (27.8%)</td>
</tr>
<tr>
<td>Total</td>
<td>78</td>
<td>57 (73.1% of sent out)</td>
<td>54 (69.2% of sent out)</td>
</tr>
</tbody>
</table>
2. Sampling frame for testing questionnaire reliability: Why was the number 50 chosen as the aim of the sample size was this calculated or estimated.

We apologise reviewer one had previously indentified this and we had to responded to it by referencing Cantor’s paper.

The sample size was chosen from Cantor’s paper.

3. The response rate of the questionnaire was less than the 80% on initial and re-testing; this should be listed as a limitation of the study with some discussion about how this may impact the validity of the survey’s findings.

Thank you we have inserted the following:

A further limitation is that we received less than 80% for the initial response rate (n=57, 73.1%), however our paired response rate was 94.7% (n= 54/57).
Reviewer's report

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

Version: 3
Date: 21 January 2014
Reviewer: Stephen Sozio

Reviewer's report:
I read the resubmission by Dr. Tahir on “Development of a questionnaire to evaluate primary care practitioners’ confidence and knowledge in managing chronic kidney disease.” The authors have responded to the majority of my comments. However, several concerns still remain:

Minor:

Comment 1:

On page 10 and figure 2, the authors refer to 54 completions of the second round of questionnaires. However, table 1’s total only states 53 (67.9%) rather than 54 (69.2%) and table 3 and 4 only have 51-53 paired responses. I do not see 54 paired responses reflected anywhere else in the manuscript, so I wonder whether the number is 53 or 54. I request that the authors review all of their sample sizes against their original data collection for accuracy.

Thank you.

We had 54 paired responses; however one 2nd round response had incomplete data and we were unable to compare the data for the responses to the majority of the questions. We however were able to identify the characteristics of the respondent. Therefore for Cohen’s kappa calculations we used 53 paired responses.

We have amended our results to reflect this.

Comment 2:

On previous submissions, I was able to open the table. I was not able to open it on this version.

We supply table 2 again.
<table>
<thead>
<tr>
<th>Gender</th>
<th>Age Band</th>
<th>Employment Status</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>25-34</td>
<td>35-44</td>
<td>45-54</td>
</tr>
<tr>
<td>Male</td>
<td>10</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>Female</td>
<td>12</td>
<td>7</td>
<td>13</td>
</tr>
<tr>
<td>Total</td>
<td>22 (38.6%)</td>
<td>16 (28.1%)</td>
<td>14 (24.6%)</td>
</tr>
</tbody>
</table>

Comment 3: The references have improved, but still need to be fixed in several places. The doi: .... portion in references 8, 11, 15, 29, and 33 needs to be removed. Please review all the references for appropriate formatting for the journal.

Thanks we have amended this.

Discretionary:
Comment 4: The authors should consider factor analysis as a means of assessing whether similar items group together. This would make their manuscript stronger.

We agree this would make the paper more robust however we have limitations with the amount of results we can discuss. We feel this would make the paper too long with too many statistics and tables.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**
I declare that I have no competing interests
Reviewer's report

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

Version: 3 Date: 24 January 2014

Reviewer: Martinez Ramirez R Hector Ramon

Reviewer's report:
The authors have made modifications regarding with previous recommendations and now seems better.

Background (results section)

Major:
1. The practitioners in the focus groups reached a consensus as to the key elements to include in the instrument. We achieved a 73.1% (n= 57/78) initial response rate for our questionnaire; of these 57, 54 completed the questionnaire a second time.

Comments.
• See Table No. 1 of the results section: the frequency of respondents is 53 (67.9%). The number must correspond with that shown in the table.

2. Family physicians made up the largest single group of respondents (47.4%, n=27), with more female (64.9%, n=37) than male (35.1%, n=20) respondents.

Thank you.

We had 54 paired responses; however one 2nd round response had incomplete data and we were unable to compare the data for the responses to the majority of the questions. We however were able to identify the characteristics of the respondent. Therefore for Cohen’s kappa calculations we used 53 paired responses.

Comments.
• Improve the wording of this section. Specify if the percentage corresponding to the initial response of the participants and the proportions of male and female are total participants of the first round.

Thank you we have amended.

3. 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.

Comments.
• This abbreviation has not been properly described in the summary and therefore can confuse the reader. This abbreviation suggests that the instrument
measures the improvement in the quality of care and confidence vs. competence and knowledge.

- I suggest use the title of the instrument provided in the Answer reviewer: Clinical knowledge and Confidence Questionnaire (CCQ).

We agree; however we feel that CKD should be included. So we are going to use CCQ Clinical knowledge and Confidence Questionnaire in CKD

- Online version of the instrument in the title of paragraph No. 5: the word lifestyle is included. The instrument does not measure lifestyle. I think you must remove this word.

Thanks you- We have done this.
Results section.

5. General practitioners who are partners and salaried GP’s made up the largest single group of respondents (47.4%, n=27) followed by nurses (26.7%, n=16). Locums and trainees made up the smallest group of respondents (Table 1).

Comments.
- The proportion of nurses in the wording does not match the frequency in the table No. 1: 26.7% vs 28.1%.

Please see amended table 1 and we have amended the wording too

<table>
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6. The proportion of nurses in the wording does not match the table: 26.7% vs 28.1%. There were more female respondents (64.9%, n=37) than male (35.1%, n=20) (Table 2). More of the female respondents of this sample are in the older age bands and all the nurses are female (26.7%, n=16).

Please see amended table 1 and we have amended the wording too

7. References.

Comments.
- Update references: Kidney International (2013) 84, 609–620; doi:10.1038/ki.2013.96; published online 27 March 2013

Thank you we have updated the reference.

Comments.
• Use the same format for writing references.

Thank you we have updated the reference.

Discussion. Principal findings
1. The QICKD Clinician Confidence and Knowledge Questionnaire (CCQ) appears to be a reliable instrument in testing confidence and knowledge in the management of CKD vs CCQ.

Comments.
• Unify the name of the instrument throughout the article. View background sections and discussions.

Agree we will as use Clinician Confidence and Knowledge Questionnaire (CCQ) in CKD.

Minor:
Background section.
1. In the UK, chronic disease, including chronic kidney disease (CKD) is largely managed in primary care. We developed a tool to assess practitioner confidence and knowledge in assessing CKD compared to other chronic cardiovascular diseases. This tool was part of a cluster randomised quality improvement interventions in chronic kidney disease (QICKD; ISRCTN56023731).

Comments.
• I have reviewed some previous articles of the authors, in which they describes only the term chronic disease, which I think is better.
• This abbreviation is not informative to the reader with the study objective and diminishes the relevance of the current study. I think must be remove this abbreviation.

We have amended the text to now state

compared to other chronic diseases.

We feel it’s important to include the original study reference tool, as this questionnaire was developed as part of that trial.

2. Keywords.
Kidney Failure, Chronic; Blood pressure; Primary Care; Questionnaire; Quality of Healthcare.

Comments.
Search keywords more appropriate to the purpose of the study. I suggest the following confidence, knowledge, CKD, chronic diseases and primary care.

We have added your recommendations CKD, and confidence.

Level of interest: An article of importance in its field
Quality of written English: Acceptable
Statistical review: No, the manuscript does not need to be seen by a statistician.
Declaration of competing interests:
I declare that I have no competing interests