Reviewer's report

Title: Development of a questionnaire to assess practitioners' confidence and competence in managing chronic kidney disease

Version: 2 Date: 12 August 2013

Reviewer: Martinez Ramirez R Hector Ramon

Reviewer's report:

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.

Name:
Clinician Confidence Questionaire (CCQ)

Is knowledge excluded?
Name: Quality Improvement in Chronic Kidney Disease - Confidence and Competence Questionaire (QICKD-CCQ).
Confidence and Competence vs 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.
In the Introduction. to measure confidence and knowledge in managing CKD.
Objective.
How confident are General Practitioners & the Primary care team in managing Chronic Kidney Disease (CKD).
Is knowledge excluded?

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.

Conclusion.

In the Background: 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.

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

Major compulsory revisions.

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.

2. There are differences in the objective and name of the questionnaire in different sections of the article (title, background, introduction, and conclusions).

3. The conclusions are different in background and final sections of the article.

Comments: Based on previous observations could be considered that the objective of the study is not clearly defined or delimited, must be consistency between the article and the questionnaire

4. The name of the questionnaire is similar to the reference study vs review article.

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

• The QICKD Clinician Confidence Questionnaire (CCQ).

6. Ethical considerations. The QI-CKD study was approved by the National Research Ethics Service’s Oxford Research Ethics committee and is a registered clinical trial (ISRCTN56023731). Why dont you show the registration to the current study in question?

Comments: The instrument was created to assess the impact of an intervention and was used in a clinical trial. But, I understand, they are two different objectives, therefore should be two different registers.

6. Why the authors show a link online for access to the questionnaire? In my opinion it should be presented as an part of the article.

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.

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

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

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

• Key words. There are not very specific to the study objective.

Final comment. In my opinion the article shows several inconsistencies therefore it should not be published in the current conditions.