Author's response to reviews

**Title:** The evaluation of an evidence-based clinical answer format for paediatricians

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**Author's response to reviews:** see over
Cover letter addressing revisions

Our thanks to the three peer reviewers for their time and effort in providing suggestions and feedback. We have collated their comments, and addressed them in bullets under each.

Many thanks,

Iva Seto, Michelle Foisy, Brad Arkison, Terry Klassen, and Katrina Williams

Major Compulsory Revisions

HY: Describe innovations. Compare the summary with others (e.g., UpToDate). The summary is generated manually. What is the likelihood that this approach can be deployed in a hospital setting? Challenges and future direction?

- We have added this to our background to address the comment on innovations as well as methods for developing content (comment from TJ): “Topics for our initial CAs were suggested by pediatricians in the child health field listserv, and also those associated with the Airways and Acute Respiratory Infections Cochrane Review Groups. As CAs are concise, two pediatricians on our team selected the most important outcomes to present for each CA, and decision rules for data extraction and analysis were agreed by our team.”

- We have added more detail about other evidence-based resources: “Among the many online resources available to clinicians are summaries of research evidence to support clinical decision-making, such as Best Bets or UptoDate. Best Bets was originally developed for topics in emergency medicine, and is written by volunteers who register to develop a Best Bet. Evidence is presented in a table, and includes primary studies that are evaluated by authors. UptoDate covers a wide range of topics and is written by physicians; information included spans textbooks to primary studies and is several pages in length.”

- We have added this sentence to the conclusions: “We have sent the project’s final report to the Cochrane Collaboration, and the Cochrane Editorial Unit is currently continuing the work on Clinical Answers. A potential future direction would be to implement the Clinical Answers at the point-of-care, and measure the extent of its effect in practice.”

BP: The study selection methodology appears to significantly bias responses to those who are actively engaged and interested in developing evidence-based information summaries. While no estimates of the potential population reached by the majority of the invitations, it may be informative to know how many specific respiratory specialists and members of the listserv were contacted to judge a proportionate response. Even if this is not possible, a greater discussion on this element is required.

- These numbers have been added to the paper

BP: The split of specialists represented - or misrepresented, as the case may be put - by the respondents is interesting and deserves comment. I believe haematology/oncology paediatricians are outnumbered by general/office paediatricians by around 50:1 ... yet these were an even 20% each of respondents.
• Added a comment to the limitations section: With the potential for several thousand participants, we received 83 completed online surveys. However, despite the low response rate, and potential bias from the ratio of respondents from various specializations, we found the survey results to provide coherent, clear information in our product refinement. Furthermore, 21% of respondents were hematology-oncology specialists, and 28% were general pediatricians, which does not reflect the ratio in practice. A possible explanation for this is related to our decision to measure the NPS; a strong Promoter may have sent our survey invitation to a large number of hematology-oncology specialist colleagues.

BP: The section in discussion regarding how the decisions to alter the structure were made/not-made appears to be more of methods/results and should probably be written in a different arrangement.

• We have moved the CA format changes and GRADE assessment sections to the Results

TJ: 1. There is some confusion over the main purpose of the survey when moving from the Background, paragraph 5 to the Results section, Survey responses to questions about the Clinical Answer, paragraphs 2 & 3, the Limitations and then on to the Conclusions. Is this survey just to test the format of the CA or is the content also being tested in some way? Has any separate work been carried out on the content of the CA? This does need to be corrected but hopefully should be about clarification and not involve too much time

• This was added to the background: “The purpose of the survey was to test the format of the CA, not the particular clinical content of the example used (for example, the survey included questions on the amount and type of information presented, but not whether the clinician agreed with the recommendations for treating bronchiolitis or methodology in producing the clinical answer content).”

TJ: 2. The sources used to contact paediatricians were quite varied with a number of different approaches, which was good. The work was sponsored by the Cochrane Collaboration Opportunities Fund and therefore the use of predominantly European sources is understandable, however as the authors were based in Canada and Australia and the study is not claimed to be European, there perhaps should be broader coverage of countries other than European countries. An explanation of why these sources were chosen and what they would therefore represent would be helpful information. Also, a more minor point, is there any reason not to state the name of the European country whose national Paediatric Clinical Standards website was used to post the survey?

• We added this sentence to the methods section: “Our recruitment methods are aimed primarily at European sources as the Clinical Answers will be published in Evidence-Based Child Health, a journal sponsored by the European Pediatric Association.”

• We asked the clinical standards organization for permission to name them, but they declined, as they posted our invitation to highlight an opportunity to their audience, not as a promotion of our product.
3. The online survey would seem to be an appropriate tool to use in the first instance to collect this data but the numbers of respondents are quite small and therefore may not be representative, particularly if this tool is aimed at many countries. This should be discussed in the limitations.

- Added this to limitations “With the potential for several thousand participants, we received 83 completed online surveys. Furthermore, 21% of respondents were hematology-oncology specialists, and 28% were general pediatricians, which does not reflect the ratio in practice. However, despite the low response rate, and potential bias from the ratio of respondents from various specializations, we found the survey results to provide coherent, clear information in our product refinement.”

- The Clinical Answer is primarily aimed at the readers of Evidence-Based Child Health – we’ve added the sentence to the methods section.

4. I would like to see detail on the numbers of participants from each of the different contact sources as well as response rates to the e-mail distributions. These data would then provide information for discussion in the Limitations section.

- We added numbers in the methods section where possible (similar comment from BP).

5. The Limitations need to be added to as detailed earlier.

- We have expanded the limitations section

**Minor Essential Revisions**

HY: Add more details in the Related Work section. For example, “Alper et al [8] estimate (from 2005 database figures) that clinicians would require 627.5 hours per month – over 20 hours per day, an impossible task.”

- We have added this to the end of the sentence, to clarify that Alper’s example is to illustrate the impossibility of a clinician to evaluate all relevant articles: “Alper et al [8] estimate (from 2005 database figures) that clinicians would require 627.5 hours per month to evaluate all relevant articles – over 20 hours per day, an impossible task.”

TJ: 1. I would be uncertain about the use of the NPS as in the given reference it is stated that it was designed for use in business to expand growth. I am not familiar with the NPS and therefore would appreciate a little more detail or references to its use in the context of this work.

- NPS is a tool to gauge customer satisfaction. As we are developing a new product, we are using the NPS to gauge future users’ satisfaction with this product, and likelihood in promoting it to their colleagues.

- To clarify, we have added: “An item was also included to determine the Net-Promoter Score (NPS), a tool used to measure customer satisfaction.”

TJ: 2. The Discussion section, CA format changes would perhaps be more appropriate in the Results section.
• We have moved the CA format changes and Grade Assessment sections to the Results

TJ: 3. As mentioned previously there are no details of any work carried out on the clinical content of the CA though systematic reviews, both Cochrane and non-Cochrane, have been stated to be the source of the data. If there has been work carried out on the clinical content then it would be useful to state this. If there has not been any then perhaps detail of how the data has been derived should be included.

• We added this to the background: “Topics for our initial CAs were suggested by pediatricians in the child health field listserv, and also those associated with the Airways and Acute Respiratory Infections Cochrane Review Groups. As CAs are concise, two pediatricians on our team selected the most important outcomes to present for each CA, and decision rules for data extraction and analysis were agreed by our team.”

TJ: 4. I would contest the use of the term ‘strongly’ in the last sentence of the Abstract.

• ‘strongly’ has been deleted

Editorial Comments:

As you will see from the reports, all three referees have raised some major concerns regarding your work which we would like you to address in a revised manuscript. Please can you pay particular attention to the study rationale so that it is more specific, as well as expanding on the limitations section to help eliminate some of the discrepancies raised by the referees. We would encourage you to be as thorough as possible when addressing each of the referees concerns since your revised manuscript will be returned to all three referees for further consideration. In addition to the referees' comments, can you also address the following editorial points.

- Ethical Approval

We understand that you would not have required ethical approval for your study; however, can you please include a statement to this effect in your Methods section

• Added this sentence to Methods section: “At our University, program evaluation/quality assurance studies (the category the research ethics board assigned us) are not subject to Research Ethics Board review and approval.”

- General Formatting

Please also ensure that your revised manuscript conforms to the journal style (http://www.biomedcentral.com/info/ifora/medicine_journals ). It is important that your files are correctly formatted.

• We have revised according to the journal style