Author's response to reviews

Title: Implementing clinical guidelines in psychiatry: a qualitative study of perceived facilitators and barriers

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Author's response to reviews: see over
Concerning the manuscript: MS 9700869902926750 Implementing clinical guidelines in psychiatry: a qualitative study of perceived facilitators and barriers

Dear Editors,

We are pleased that our manuscript has been peer reviewed and considered for publication in BMC Psychiatry and are grateful for the valuable comments.

We have taken each question into account and have addressed the comments in the revised manuscript. A detailed response is provided in this cover letter.

In order to assess the editing and proofing issues the manuscript has been proofread by a professional editing service.

We hope to hear from you as soon as possible.

Stockholm 5th of October 2009

With best wishes,

Tord Forsner
Yvonne Forsell
Mats Bromells
Johan Hansson
Anna Åberg Wistedt
Reviewer: Mark Agius

1. We thank the reviewer for the positive remarks. In order to correct the language and grammar the manuscript has been proofread by a professional editing service.
Reviewer: Jennifer Wisdom

Major Compulsory Revisions

1. It was suggested that the manuscript would benefit from more organization and structure. We have therefore revised our introduction, method, result and discussion section and tried to organize and restructure it.

2. The reviewer proposed us to incorporate the work of Dean Fixsen. We agree with the reviewer that Fixen’s implementation model is interesting and relevant for the field, and have now included his framework in our background section, see page 5, last paragraph. Furthermore, Fixsens model and the network will be of great use in a future manuscript where we will evaluate the impact of the interventions on patient-level and on health economic.

3. In the end of the introduction we present the aims of the study. We agree with the reviewer that we did not adequately address our final question "To what extent do successful strategies from other medical specialities apply in psychiatry". We have now removed this aim and will address it in a later study, see method section, page 6, and last paragraph.

4. Clinical guidelines structure and design have an equal frame. The guidelines are based on a multi-professional work, and thus include the work of doctors, nurses, psychologists, counsellors, psychiatric nurses and therapist. The programs also include the pathway with social services and primary care and cover the assessment, medical-, psychological and psychosocial treatment, nursing, psychotherapy and monitoring and evaluation of care. We have added this in the manuscript, see methods section, page 7, second paragraph.

5. Reviewer suggested that additional details were needed of the data collection and interviews. Three focus group interviews were conducted, one at the control unit and two at the intervention unit, whit the same participants. At the intervention clinic interviews were conducted before and after the implementation. It was the same participants in these interviews. This has now been clarified in the methodology section. Individual follow-up interviews were carried out on the implementation unit to monitor the health care staff's experiences of implementation. In these interviews, it was also the same people as in the focus groups, this is now described in the method, see method section, page 9 and first paragraph.
The primary author (TF), conducted the focus groups and also participated as a facilitator during academic detailing visits. This was considered to be appropriate, because the aim of the study was not to evaluate the programme but explore the participants’ experience of an implementation program and use of clinical guidelines. We have addressed this as a limitation and added this in the methods section and limitation section in the discussion; see page 24 and third paragraph.

6. We agree with the reviewer that the results section needed additional organization and structure. It was proposed that we would link citations to the profession of the individuals’. We have considered this, but since the number of interviewees was small there is a risk of identification. When the included persons accepted to be interviewed we promised them that we would minimize the risk of identification. This was also stated in the application for ethical permission that was granted. Quote of the results section are now linked to the clinic to which they belong to. Statements in the result section have now been identified as quotes with “I” indicates a member of staff from the intervention clinic and “C” a member of staff from the control clinic. We have revised the results section, headings, sequence, linkages between quotes and text have been reviewed and the link to Table 1 made clear. The sentence “Good leadership influences change effectively through support and modelling….”, is now omitted from the result section since the reviewer suggested it might be an opinion.

7. The discussion section has now been reorganised according to the suggestion by the reviewer. The reviewer also remarked that no data were presented on whatever the implementation had been successful or not. When we stated that the implementation was successful we referred to a previously published paper (Forsner et al 2008) and a submitted paper in Implementation Science (under review process). Since the present study focused on the staff’s experiences around the facilitators and barriers to implementation, we have revised these sentences referring to our previous quantitative studies describing the effects of the implementation.

8. It was suggested by the reviewer to restructure the layout in table 1 in order to make it clearer. The table is now revised in order to avoid reading the table horizontally. The categories from our content analysis are revised and the table updated according to this, see appendix, table 1.

9. In the methodology section we describe that the study was conducted in Stockholm, Sweden. The guidelines implementation, interventions and interviews were conducted
in Swedish. We believe that language problems did not affect the general development of the study's conclusion or evaluation. Most of the intervention terminologies such as facilitation, feedback, implementation etc. are the same in Swedish and English. In order to ensure adequate translation, a professional translator with a medical background has proofread our omitted quotes and categories in the manuscript.

**Minor Essential Revisions**

1. In order to correct the language and grammar the manuscript has been proofread by a professional editing service.